Student Consent for Release of Student Information
“Buckley Waiver”

I hereby authorize the UCSD SOCIOLOGY Department to return my graded final examination/research paper by placing the examination/research paper in a location accessible to all students in the course. I understand that the return of my examination/research paper as described above may result in the disclosure of personally identifiable information as defined in UCSD PPM 160-2, and I hereby consent to the disclosure of such information.

Quarter: __________ Course: ___________________________ Date: __________
Instructor: ___________________ Student I.D. #: ______________
Print Name: ___________________ Signature: ____________________