

**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: \_\_\_\_\_

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