

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:** _____

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:** _____

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:** _____