Northern Illinois University
School of Music

WAIVER OF CONFIDENTIALITY

I, _____, authorize the NIU
(print name)
School of Music to release any or all records and information pertaining to my contacts and interactions with that office to the individuals and/or groups identified below.

I understand that the School of Music reserves sole discretion in determining what records and information are pertinent and appropriate for release, and that information compromising the confidentiality of others will not be released without the permission of those individuals.

I also understand that by signing this document I am waiving any and all claims against the School of Music for any and all damages and/or injuries that arise or occur subsequent to the release of such information.

Please print the names of the individuals and/or groups to whom you authorize the School of Music to release any or all records and information.

_____ _____

_____ _____

_____ _____

I understand that this waiver of confidentiality remains in effect as of the date on this form until I provide written authorization to rescind it.

_____ _____
(signature) (date)