

Student Research Project Confidentiality Waiver

PROJECT INFORMATION

Project Title:

Course/Program:

Supervisor/Instructor:

STUDENT INFORMATION

Student Name:

Student ID:

Email:

WAIVER STATEMENT

I acknowledge that I am voluntarily waiving confidentiality for the data/information collected and presented in my student research project as described above. I understand that the information may be accessed, reviewed, or used by individuals beyond my instructor/supervisor, and that my work may be published or otherwise disseminated. I confirm that no confidential or personally identifiable information belonging to others is included in my research submission without explicit consent.

Student Signature

Date