

# Student Research Project Confidentiality Waiver

## PROJECT INFORMATION

Project Title:

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Course/Program:

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Supervisor/Instructor:

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## STUDENT INFORMATION

Student Name:

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Student ID:

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Email:

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## 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.

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Student Signature

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Date