

University Research Confidentiality Waiver Form

Research Title

Researcher Name

Student/Employee ID

Department/Faculty

Supervisor Name

Description of Confidential Information to be Waived

Reason for Confidentiality Waiver

Terms and Conditions

By signing below, I acknowledge and agree that I am waiving confidentiality on the information described above for purposes related to my research. I understand the consequences and accept responsibility for this waiver.

Researcher Signature

Date

Supervisor Signature

Supervisor Signature

Date

Department Approval

Date