

# University Research Confidentiality Waiver Form

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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

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Date

Supervisor Signature

Supervisor Signature

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Date

Department Approval

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Date