

**Student Consent for Release of Student Information**  
"Buckley Waiver"

I hereby authorize the UC San Diego Department of Education Studies to return my graded final examination/research paper by placing the examination/research paper in a location accessible to all students in the course. I understand that the return of my examination/research paper as described above may result in the disclosure of personally identifiable information as defined in UCSD PPM 160-2, and I hereby consent to the disclosure of such information.

**Quarter:** \_\_\_\_\_ **Course:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructor:** \_\_\_\_\_ **Student I.D. #:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_