

**YUBA COMMUNITY COLLEGE  
ADMINISTRATION OF JUSTICE**

**STUDENT WAIVER**

I am currently a student in \_\_\_\_\_, at Yuba Community College. I hereby direct you, your organization, its custodian of records, and/or persons in your employ to release any and all information which you may have concerning me, including, but not limited to: educational records, college transcripts, attendance records, behavioral records, and/or any other information which you may possess. This information may only be released to my current employer, or to any possible employer to whom I have made application to.

I hereby exonerate, release and discharge both my current or prospective employer, Yuba Community College School District, their officers, or agents, now and in the future, for furnishing the information requested by the bearer of this authorization form.

I have specifically and permanently waived any rights I may have to review or inspect any and all information developed in this report so your responses will be completely confidential.

CERTIFICATION: I certify that I have read this authorization form, understand its meaning and purpose, and have received a copy of it. I may revoke this authorization at any time by delivering, in writing, such revocation to you/your organization, at the following location:

**Administration of Justice Department  
Yuba Community College  
2088 N Beale Road  
Marysville, CA 95901**

\_\_\_\_\_  
Date

Signature of Student

\_\_\_\_\_  
Student's Printed Name

Social Security Number

\_\_\_\_\_  
Date

Signature of Witness