



Waiver of Confidentiality Form

I,

Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Faculty: \_\_\_\_\_

hereby agree to waive my confidentiality in regard to my eligibility for exam accommodations and authorize the forwarding of my application to the relevant authorities at the Technion.

These include, among others:

1. Dean of the Undergraduate Studies
2. Undergraduate Studies Secretariat
3. Relevant course instructors

Sincerely,

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

This form concerns the forwarding of applications requesting exam accommodations.