

## Waiver of Confidentiality

I have submitted an external review of the work of \_\_\_\_\_ at the request of the Department /School of \_\_\_\_\_ at Illinois State University. I understand that under Illinois law (820 ILCS 40/10(a)) and Illinois State University policy, any written review I submit will be included in the personnel file and is considered confidential and may not be examined by the faculty member without my permission.

I understand and acknowledge that this Waiver is voluntary and I hereby voluntarily waive my right to confidentiality of the written review and give permission that my review may be shared with the faculty member whose work was the subject of my review. I acknowledge that I have been given the opportunity to ask questions regarding any aspect of this waiver, and by signing in the space provided below I do acknowledge that I have read it completely and fully understand all aspects of this waiver and agree to its terms in its entirety.

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

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

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