AUTHORIZATION TO WAIVE THREE-DAY NOTIFICATION FOR DISCIPLINARY HEARING

I, ____________________________,

(Print Name)

do hereby waive my right to a three-day notification of my scheduled Student Disciplinary Hearing and elect to have it heard on _________________. By doing so, I waive my right to appeal any outcome or sanction based on not adhering to Due Process based on not having a three-day notification as is stated in the Guide to Student Discipline and the Student Handbook. I recognize that I have been informed that I am entitled to the three-business-day notification, but have decided to waive that right.

<table>
<thead>
<tr>
<th>Student Signature:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Witness Signature:</td>
<td>Date:</td>
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UNIVERSITY POLICE DEPARTMENT
UNA Box 5067, 706 Waterloo Road, Florence, AL 35632
P: 256.765.4357  F: 256.765.4827  www.una.edu/police

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