



FLORIDA STATE UNIVERSITY
DIVISION OF STUDENT AFFAIRS
Dean of Students



WAIVER OF CONFIDENTIALITY

I, _____ (full name of student), hereby give the Office of Student Rights and Responsibilities at Florida State University permission to release information in my student conduct file to:

(full names of individual(s)).

Signature _____

Date _____

Return completed form to:

The Office of Student Rights and Responsibilities
Florida State University
A4117 University Center
Tallahassee, FL 32306-2443
Phone (850) 644-5136
Fax (850) 644-0687
srr@admin.fsu.edu