



DIVISION OF STUDENT AFFAIRS
**Department of Student Conduct
& Community Standards**

WAIVER OF CONFIDENTIALITY

I, _____ (full name of student), hereby give the Department of Student Conduct and Community Standards at Florida State University permission to release information in my student conduct file to:

(full names of individual(s)).

Student Name: _____

Student Signature: _____

Date: _____

Return completed form to:

Department of Student Conduct and Community Standards
Florida State University
A4117 University Center
Tallahassee, FL 32306-2443
Phone (850) 644-5136
Fax (850) 644-0687
sccs@fsu.edu