

**Florida State University Panama City
Office of Student Affairs**

CONFIDENTIALITY WAIVER

Student Name: _____

Student Phone Number: _____

Student Email: _____

I, _____, hereby give the Office of Student Affairs at
(full name of student)

Florida State University Panama City permission to release information in my student conduct file to:

(full name of individual(s))

What is your relationship to the above individual(s)?

By submitting this form, you certify that the above information is correct and that you have read and understand the terms of this agreement.

Signature: _____ Date: _____

Return completed form to:

Associate Director of Student Affairs
Office of Student Affairs
Florida State University Panama City
Barron Building 210
4750 Collegiate Drive
Panama City, FL 32405
Phone: 850-770-2171
Fax: 850-747-5434
studentaffairs@pc.fsu.edu