



## CAREER PLACEMENT SERVICES FLORIDA STATE UNIVERSITY

*The University Center, Suite A4117 - Tallahassee, Florida 32306-2490*

### WAIVER OF RIGHT TO ACCESS FACULTY EVALUATIONS

I, \_\_\_\_\_, hereby waive my right to access my  
*(Student's Name)*

evaluation(s) (or letter of reference) written for me by:

\_\_\_\_\_  
*(Faculty Member's Signature)*

This waiver, which I understand I am not obligated to sign, applies only to this evaluation. Furthermore, the writing of this evaluation is not based upon any preconditions such as receipt of the evaluation or any service/benefit from the university.

\_\_\_\_\_  
*(Student's Signature)*

\_\_\_\_\_  
*(Date)*

**FACULTY MEMBER:** Upon completion of the attached Student Evaluation Sheet (or your letter of recommendation), please return it and this waiver in a sealed envelope to:

**Credentials Coordinator  
Career Placement Services  
The University Center, A4117  
Florida State University  
Tallahassee, FL 32306-2490**