FLORIDA STATE UNIVERSITY POLICE DEPARTMENT

RECORDS EXEMPTION REQUEST

Case Number: ________________________

Report Date: __________________________

As the victim of a crime, you may request an exemption PROHIBITING disclosure of information or records to the general public that could be used to locate or harass you or your family or which could disclose confidential or privileged information. (CONSTITUTION OF THE STATE OF FLORIDA, Article I, Declaration of Rights, Section 16, Paragraph (b) – “Marsy’s Law”).

Do you wish to exercise this right?

Yes:___  No: ___

_________________________________
Printed Name

_________________________________
Signature

_________________________________
Date