



Human Resources
 282 Champions Way
 PO Box 3062410
 Tallahassee, FL 32306-2410
 Phone: 850-644-6034
 Fax: 850-645-4670

Florida State University Self Packing and Self Moving Expense Form

In consideration of payment of my moving expenses from _____
 to _____, I, _____

do hereby fully release and forever discharge The Florida State University, the FSU Board of Trustees, the Board of Governors, and the State of Florida and any and all of their employees, agents, and representatives from all past, present, and future action, causes of actions, claims and demands, damages and costs, arising on account of any and all known and unknown injury, loss and damages whatsoever, directly or indirectly sustained by me or my property during the course of the above referenced move.

In witness thereof, I have hereunto knowingly and voluntarily set by hand this ____ day of _____, 20____.

 Employee's Signature

 Employee ID

Witness: _____

Address: _____

Witness: _____

Address: _____
