## **Observer Waiver**

## <u>Faculty Waiver – Observer Conditions and Confidentiality Requirements</u>

I have requested [Name]	to be my Observer in a context
where information about me considered co	nfidential under North Carolina's State Personnel
Act, other laws, or applicable policies may b	e permissibly disclosed. I understand a second
Observer, [Name], not ch	nosen by me, may also be present. I authorize
	mation that is confidential to me and hold the
university and its representatives harmless	for such disclosure in this context. I further
	gated by law or policy to provide redacted copies or
	dentities or materials relating to individuals other
than the faculty member. I understand that neither Observer is to be an active participant unless the parties agree otherwise. I understand that Observers are obligated to maintain	
further disclosure.	on disclosed in this context diffess i ddthonze
Tarther discission of	
Date:	Signature:
Date:	Faculty Member
Observer Waiver – Conditions and Confiden	tiality Requirements
	have been requested by [Name]
	Name] I understand that
	North Carolina's State Personnel Act, other laws, or
	osed and that [Name] has
	stand that the University may be obligated by law or
	ise safeguard the confidentiality of identities or
_	the faculty member. I further understand my
obligation to maintain confidentiality of any such information unless [Name]	
<del></del>	disclosure. I understand that unauthorized
	l Act or potentially other laws or policies. Finally, I
understand that Observers are not to be active participants unless the parties agree otherwise.	
Date:	Signature:
	Observer