

PARTNERS IN EDUCATION
STUDENT RELEASE OF CONFIDENTIAL INFORMATION
THIS IS NOT A STUDENT TRANSCRIPT REQUEST FORM

Students may authorize the release of confidential ACADEMIC information to a third party by completing this form and returning it to the Student Affairs Office, 500 S. Davy Crockett Parkway, Morristown, Tennessee 37813. If you any questions concerning this policy, please contact the Student Affairs Office at 423-585-2681.

This information will assist Walters State staff in identifying the designated individual when he/she calls to request information by telephone. Please retain the personal identification number and provide the PIN number to the individual(s) authorized to request and receive information.

Student's Name (please print) _____

Student ID _____

Individual(s) other than yourself authorized to request or receive information:

<u>Names</u>	<u>Relationship to Student</u>
_____	_____
_____	_____
_____	_____

Address to which requested information should be sent (if necessary):

_____ Street

_____ City State Zip

_____ Telephone

List Pin Number

____ - ____
(3 letters) (3 numerals)

Please give the assigned number to each individual authorized to request information

I authorize the release of confidential ACADEMIC information including final grades to the individual(s) mentioned above. This release does not apply to other information (counseling, health, and financial) protected by the Family Educational Rights and Privacy Act (FERPA). Please contact these individual departments to inquire about signing a release of information for those areas.

Student Signature

Date