

Authorization for Release of Educational Records

This form is to be utilized by students to authorize the release of personally identifiable student records including, but not limited to, academic, financial aid, disciplinary, and student account records that are otherwise confidential pursuant to the Family Educational Rights and Privacy Act (FERPA, 20 U.S.C. §1232g) and/or the Tennessee Open Records Act (TNORA, T.C.A. §10-7-504) to designated persons. Individuals may review information related to the confidentiality of student records, contained within Tennessee Board of Regents (TBR) policy, at <https://policies.tbr.edu/>.

Security PIN: For in-person, telephone, or mailed/emailed requests to approved requestors of FERPA/TNORA protected information, the person(s) named below will be required to authenticate his/her identity by providing a four-digit PIN number. You, the student, should choose a pin number and provide it to your third-party contact. Additionally, a valid photo ID must be presented by the authorized individual(s) for in-person disclosure.

STUDENT INFORMATION

Name: _____
Last
First
Middle Initial

Student ID: S _____

PERSONS/ORGANIZATIONS TO WHOM INFORMATION MAY BE RELEASED

Complete the information below to authorize release of information. See examples of column information below:

- **Person(s) Authorized:** Include the name of any individual/organization you authorize release of information to.
- **Types/Categories of Records:** Include the information you authorize released to the individual. This may include academic records, financial aid, student account records, etc.
- **End Date for Release:** Release of information is effective at the point of submitting this document. Indicate the end-date for the authorization.
- **Four-Digit Pin:** Include a four-digit pin for the individual to provide when requesting information.

Person/Organization Authorized to Receive Information	Types/Categories of Records Authorized for Release	End Date for Release	Four-Digit Pin

AUTHORIZATION

By signing below, I (the student) do hereby authorize the release of personally identifiable student record information, pertaining to myself, as described above, to the person(s)/organization(s) named above. I understand that by executing this Authorization that I am waiving confidentiality and privacy rights created pursuant to FERPA/TNORA as it pertains to the records specified and the period of time authorized here. I understand that I may revoke this authorization in writing at any time by completing the last section of this document and presenting the document to Student Services.

_____ / ____ / ____
Student Signature
Date

REVOKE AUTHORIZATION

By signing below, I (the student) do hereby confirm I wish to revoke the authorization I executed above, effective _____. This revocation applies to the person/organization indicated below.

Person/Business Revoked

_____ / ____ / ____
Student Signature
Date