



Tennessee Technological University

Information Release Authorization

Submit completed form to the Records Office, Derryberry Hall, Room 102, or by mail to TTU Office of Records, P. O. Box 5026, Cookeville, Tennessee 38505.

Student's Full Name (Please Print)

Student ID #

I give Tennessee Technological University personnel my permission to release any information regarding my academic record or student account. Each office will only release information pertaining to records maintained by that office. Choose the appropriate office(s) by initialing on the line next to it:

- _____ **Business Office** (student account financial information)
- _____ **Records Office** (academic information)
- _____ **Financial Aid Office** (financial assistance, scholarships, and other awards)
- _____ **Dean of Students** (disciplinary information, Residential Life housing information)

The information indicated above may be released to the following people:

Name

Relationship

Name

Relationship

Name

Relationship

I understand that this release authorization pertains to information for all terms of enrollment. I further understand that I may rescind this authorization at any time by visiting the Records Office and providing my signature at the bottom of this form, or in writing by mail or fax.

Student Signature to Authorize Release

Date

Student Signature to Rescind Authorization:

Signature

Date