



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, or by fax to (931)372-6111.

Student's Full Name (Please Type or 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 void 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

*****ONLY FILL OUT THIS SECTION IF YOU WANT TO VOID AUTHORIZATION*****

Student Signature to Void Authorization:

Signature

Date

Office to Void Authorization for Release of Confidential Information:

- _____ Business Office (BR)
- _____ Records Office (SRR)
- _____ Financial Aid Office (FA)
- _____ Dean of Students (DS)
- _____ ALL