



AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

I, _____, authorize the Tennessee State University (TSU), including all employees, agents, and other persons professionally affiliated with the University having information related to my being a student at TSU including grades, eligibility, academic performance, participation in athletics, physical condition or ethical fitness, to disclose the same to the individual or business designated below, and his/its employees, representatives and assigns, waiving all personal and legal rights to confidentiality and privacy. I release from liability the University or any person or department furnishing this information to the person or business designated below.

I expressly authorize disclosure of otherwise confidential and privileged information, and expressly release the University, its agents, employees, and representatives from any and all liability in connection with any statement made, documents produced, or information disclosed concerning my affiliation with the University, including academic or disciplinary actions, if any, taken against me by the University, my grades, test scores, evaluations, preceptors' reports, and any and all other information, documents, records, memoranda, reports, and data concerning my past and present status, and my past and present academic performance.

Person/business to whom information may be released (name, address, relationship to student):

Name: _____

Address: _____

City, State: _____

Relationship to Student: _____

Program _____

I understand that this release allows disclosure of my information only to the business or individual designated above, and his/its employees.

Print Name Signature Date

Date of Birth Passport/Visa Number

DO NOT WRITE BELOW THIS LINE – TSU PERSONNEL ONLY

Passport/Visa received: Yes or No Registrar received a copy: Yes or No
Passport/Visa attached to release form: Yes or No _____
Department Date Initials