Tennessee State University
Student Consent to Release Confidential Information
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

In compliance with the Family Educational Rights and Privacy Act (FERPA) and Tennessee State University’s policy on the Disclosure of Educational Records, a student may grant the University the right to release confidential information such as grades, academic progress reports, class attendance records, financial aid, disciplinary actions, and financial account information, to parent(s)/guardian(s)/spouse by completing the “Student Release of Confidential Information Form” provided.

The release does not apply to information such as counseling and health records protected by the Family Educational Rights and Privacy Act (FERPA). Authorization is valid as long as the student is enrolled at Tennessee State University or until receipt of a written statement from the student cancelling consent.

Disclosure of Educational Records

Tennessee State University will disclose information from a student’s educational records only with the written consent of the student, except to school officials who have a legitimate educational interest in the records, certain government or other public officials, and parents of an eligible student who claim the student as a dependent for income tax purposes. However, directory information so designated by the University or the results of any disciplinary proceeding conducted by the University alleging a sexual offense may be released without the student’s consent. Records of both the accused and accuser are subject to this policy.

Directory Information

Tennessee State University designates the following items as Directory Information: student name, address, telephone listing, institutional electronic mail address, photograph(s), videotape/digital image(s), date and place of birth, major field of study, classification, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degree(s), honors and academic awards received, and the most recent previous educational agency or institution attended by the student. The University may disclose any of these items without prior written consent, unless the student completes and submits to the Records Office the “Request to Prevent Disclosure of Directory Information Form” within the first two weeks of classes each semester.

Parental Disclosure without Written Consent

Under FERPA, when a student turns 18 years of age or enrolls at a postsecondary institution at any age, all parental FERPA rights are transferred to the student. However, FERPA does provide for some information to be shared by schools with parents or legal guardians without the student’s consent. Examples are: (1) disclosure of educational records if the student is a dependent for income tax purposes. This would apply to a student who was a dependent for the most recent tax year; (2) disclosure of educational records if a health or safety emergency involves their student; or (3) if the student is under age 21 and has violated any law or policy concerning the use or possession of alcohol or controlled substance.

Parents should discuss their intentions to obtain confidential information with their student and complete the “Student Release of Confidential Information Form” and submit it to the Records Office. The student may cancel consent after it is given by submitting a signed request to cancel the release in person at the Records Office.
Tennessee State University
STUDENT RELEASE OF CONFIDENTIAL INFORMATION FORM
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

This form allows students to authorize the release of confidential academic, financial aid, discipline, and student account information otherwise protected by the Family Educational Rights and Privacy Act (FERPA) to designated persons. These designated persons will have access to the student’s grades and progress reports, certain disciplinary records, and other information related to academic progress, financial aid, and student financial accounts.

AUTHORIZATION – THIS MUST BE SIGNED IN ORDER FOR INFORMATION TO BE RELEASED:

I, ___________________________________________ (the student) do hereby authorize Tennessee State University (“University”) and/or its employees to release my confidential academic, financial aid, discipline and any student financial account information, including academic progress reports and grades when available, to the person(s) named in the following information. This release does not apply to other information (counseling and health) protected by the Family Educational Rights and Privacy Act (FERPA). Authorization is valid as long as I am enrolled at Tennessee State University or until cancelled in writing by me. I understand I have the right to receive a copy of such records upon request. I acknowledge that I may revoke this “Student Release of Confidential Information” *in writing* at any time by presenting such authorization *in person* to the Records Office. I also acknowledge and agree that any disclosure of records and/or information made prior to my written revocation shall not constitute a violation of my right to privacy under federal and state law. To cancel this release, the student must submit the written cancellation request *in person* to the Records Office—3rd Floor of Floyd-Payne Campus Center, Room 305.

_________________________________________  ______________
Student’s Signature                      Date

IMPORTANT: The following information must be completed to assist University staff in identifying the non-student recipient of information when he/she calls to request information by telephone.

Student Information

Student’s Name (please print):______________________________________________________________

Student’s Banner ID#: T_______________________ Student’s Last 4 Digits of SSN: ________________

Recipient Information

Name of persons, other than self, authorized to receive or request my confidential information. Please include the last 4 digits of the individual’s SSN (to be used as their Personal Identification Number* when requesting your confidential information).

<table>
<thead>
<tr>
<th>Name</th>
<th>Last 4 Digits of SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Primary Recipient Address:

Street

City State Zip

(______)_______________________ (______)_______________________
Home Telephone                      Cell or Work Telephone

*This 4-digit PIN will be used only to verify that the person requesting information is an authorize recipient.

Please scan and email to records@tnstate.edu or fax to (615) 963-5108