

**Motlow State Community College
P.O. Box 8500
Lynchburg, TN 37352**

STUDENT INFORMATION RELEASE AUTHORIZATION

In compliance with the federal *Family Educational Rights and Privacy Act (FERPA) of 1974* and the Tennessee Board of Regents Policy on Access to and Release of Student Education Records, Motlow is prohibited from providing certain information from your student records to a third party.

You may, at your discretion, grant Motlow permission to release information about your student records to a third party by submitting a completed Student Information Release Authorization. This form allows students to authorize the release of confidential academic, financial aid and student financial account information, academic progress reports and grades to a third party. The specified information will be made available only if requested by the authorized third party. The College does not automatically send information to a third party.

Submit your completed form to the Office of Assistant Vice President for Student Affairs (Crouch Center - Room 2004). Please note that your authorization to release information has no expiration date; however, you may revoke your authorization at any time by sending a written request to the same address. This form allows third parties to access student record information from any Motlow campus. NOTE: For the third party designee you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student record.

A. Student Information

NAME (Last, First, Middle Initial)

STUDENT ID NUMBER

FERPA CODE*

CURRENT ADDRESS

DAYTIME PHONE NUMBER

B. Third-party Designee(s)

NAME (Last, First, Middle Initial)

Relation to student

FERPA CODE*

NAME (Last, First, Middle Initial)

Relation to student

FERPA CODE*

NAME (Last, First, Middle Initial)

Relation to student

FERPA CODE*

*Student must create a code for each person. When requesting information, the student id number and the applicable FERPA Code must be known by the student or the third party designee.

C. Authorization to Release Confidential Information

Student's Signature

Date

Mail this form (do not fax) to:
Office of the Assistant Vice President for Student Affairs
Department 130
P.O. Box 8500
Lynchburg, TN 37352