



**PARTNERS IN EDUCATION**  
**STUDENT RELEASE OF CONFIDENTIAL INFORMATION**  
*THIS IS NOT A STUDENT TRANSCRIPT REQUEST FORM*

Students may authorize the release of confidential ACADEMIC information to a third party by completing this form and returning it to the Student Affairs Office, 500 S. Davy Crockett Parkway, Morristown, Tennessee 37813. If you have any questions concerning this policy, please contact the Student Affairs Office at 423-585-2681.

This information will assist Walters State staff in identifying the designated individual when he/she calls to request information by telephone. Please retain the personal identification number and provide the PIN number to the individual(s) authorized to request and receive information.

Student's Name (please print) \_\_\_\_\_

Student ID \_\_\_\_\_

Individual(s) other than yourself authorized to request or receive information:

NAMES	RELATIONSHIP TO STUDENT
_____	_____
_____	_____
_____	_____

Address to which requested information should be sent (if necessary):

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**I authorize the release of confidential ACADEMIC information including final grades to the individual(s) mentioned above. This release does not apply to other information (counseling, health and financial) protected by the Family Educational Rights and Privacy Act (FERPA). Please contact these individual departments to inquire about signing a release of information for those areas.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_