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, TN 37813. If you have any questions concerning this policy, please contact the Student Affairs Office at 423-585-2681 or stop in at CCEN 100.

(This information will assist Walters State staff in identifying the designated partner when he/she calls to request information by telephone. Please record the Personal Identification Number on the attached information sheet which the designated partner will retain.)

Students N	ame (please pr	rint)			
Students II	D# (SSN)				
Person(s) o	ther than self a	authorized to re-	quest or rec	ceive information	on:
Names:	1				
	2				
	3				
Address to	which request	ed information	should be s	sent (if necessar	y)
(Street)					
(City)		(State)	(Zip)		
(Phone)					
Assign PIN			(3 let	ters and 3 nume	erals)
including not apply protected Please co	final grade to other in by the Fan ntact these	formation (c nily Education	son(s) na ounseling onal Righ epartmer	med above. g, health, an nts and Priva	This release does
(Student S	Signature)		<u> </u>	(Date)	-