



Consent to Release Education Record Information

Office Academic Affairs

Office of the Registrar – Student Records

- | | |
|---|--|
| <input type="checkbox"/> Christian Brothers University | <input type="checkbox"/> LeMoyne-Owen College |
| <input type="checkbox"/> University of Memphis | <input type="checkbox"/> Southwest TN Community College |
| <input type="checkbox"/> TN College of Applied Technology | <input type="checkbox"/> University of Tennessee at Martin |
| <input type="checkbox"/> Tennessee State University | <input type="checkbox"/> Bethel University |
| <input type="checkbox"/> Moore Tech School of Technology | |

Student Name (Print): _____

Student ID: _____ Term/Year: _____

High School: _____

Recipient of Information: Margaret Gilmore, Assistant to the Chief Academic Officer

Shelby County Schools Academic Affairs Office

160 S. Hollywood, Room 258, Memphis, TN 38112

Records/Information to be released: Transcript Grades at the end of the semester

I, the above named student, do hereby authorize _____

Name of College/University

and /or its staff to release to the above named recipient my education records and/or information as described above. I acknowledge that I may revoke this “Consent to Release Education Record Information” *in writing* at any time by sending such authorization to the college/university Office with which I filed the original “consent to release”. 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.

Student Signature

Date

Parent/Guardian Signature

Date