**AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Tennessee Technological University to disclose any and all necessary education records including necessary personally identifiable information related to [INSERT DESCRIPTION OF TYPES OF RECORDS TO BE DISCLOSED]. I understand that by agreeing to this, I am waiving all personal and legal rights to confidentiality and privacy, including rights under the Family Educational Rights and Privacy Act (“FERPA”), 20 U.S.C. § 1232g and 34 C.F.R. § 99.3 and this release will be effective until I revoke it by sending a written notice of revocation to [INSERT NAME].

The purpose of the disclosure is [INSERT PURPOSE OF DISCLOSURE]

The entity/person/entities/persons or classes of persons/entities to which information may be released are as follows:

[INSERT ENTITY/PERSON/ENTITIES/PERSONS/CLASSES OF PERSONS/ENTITIES]

Student’s Signature Date

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Printed Name