

Office of Admissions and Records
P.O. Box 246
Blountville, TN 37617
423.323.0253 or 800.836.7822
Fax: 423.323.0215

Request for Third Party Release of Student Records

(To be submitted to the office of Admissions and Records)

The Family Educational Rights and Privacy Act of 1974 helps protect the privacy of student academic records. The Act provides for the right to inspect and review educational records, the right to seek to amend those records, and the right to limit disclosure of information from the records. The intent of the legislation is to protect the rights of students and to ensure the privacy of academic records. However, permission may be granted for others to have access and discuss a student's academic and/or financial aid records. **Regardless of the effect upon the student, Northeast State Community College assumes no liability for honoring instructions that such information may be released to a third party.**

| Student Information | | | |
|-------------------------|------------------|-------|-------|
| Date _____ | | | |
| Name _____ | Student ID _____ | | |
| Address _____ | _____ | _____ | _____ |
| Street/Route/Box Number | City | State | Zip |

Please release the following records to the person and/or organization listed below: (check all that apply)

- Academic records, including but not limited to transcripts and/or grades
- Financial aid records, including but not limited to awards scholarships and/or disbursement information.

Name _____ Relationship to student (if applicable) _____

Organization _____

Address _____

Street/Route/Box Number City State Zip

Telephone Number _____

By signing this form, I have given my permission for Northeast State to release and/or discuss my academic and/or financial aid records with the above referenced person and/or organization. Furthermore, I understand this agreement is in effect until rescinded by me, in writing, to the office of Admissions and Records.

STOP! This form must be signed in the presence of an Admissions and Records representative.

Student Signature _____ Date _____

| Administrative Use Only | | | |
|-------------------------|--------------------|--------------------|------------|
| Date Received _____ | Witnessed By _____ | Processed By _____ | Date _____ |