

Student Affairs—Admissions/Records/Enrollment Services  
4501 Amnicola Hwy., Chattanooga, TN 37406-1097  
Phone: 423-697-4401 Fax: 423-697-4709

## Authorization to Disclose Educational Records to Parent/Third Party

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Student Name (please print): \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN/Student ID: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_

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Disclose Records To: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Records to be disclosed: (Please initial all that apply.)

\_\_\_\_\_ All educational records      \_\_\_\_\_ Bursar records

\_\_\_\_\_ Financial Aid records      \_\_\_\_\_ Grades

\_\_\_\_\_ Other (explain): \_\_\_\_\_

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This form must be completed at the Chattanooga State Main Campus, Welcome Center or Enrollment Services Center. The student must present a valid driver license or state-issued photo ID as proof of identity. Forms received by fax or e-mail cannot be accepted.

By signing this form, I give permission for Chattanooga State Community College to disclose the specified information to the recipient listed above. I understand that this authorization may also be rescinded at a later date by coming in person to the locations listed above with the same proof of identity.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_