

Student Affairs—Admissions/Records/Enrollment Services
4501 Amnicola Hwy., Chattanooga, TN 37406-1097
Phone: 423-697-4401
Return this Application as an attachment to submit@chattanoogaastate.edu

Authorization to Disclose Educational Records to Parent/Third Party

Student Name (please print): _____
Last First Middle

Date of Birth: ____ / ____ / ____ SSN/Student ID: _____

Phone: (____) _____

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): _____

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 I understand that this authorization may also be rescinded at a later date by coming in person to the locations listed above with the same proof of identity.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: _____