

Middle Tennessee State University

Consent to Release Education Records pursuant to the Family Education Rights and Privacy Act (FERPA)

TO: _____
Name of University Official and Departmental Custodian of Record(s)

STUDENT NAME: _____ M NUMBER: _____

RECORDS TO BE RELEASED AND/OR DISCUSSED: (Please specify the specific disciplinary records)

____ Current MTSU Disciplinary Record # _____

____ All MTSU Disciplinary Records held in my name

PURPOSE OF DISCLOSURE OF RECORDS: (Select all that apply)

____ Communication with family about university discipline

____ Communication to potential employers about university discipline

____ Communication with attorney about university discipline

I HEREBY REQUEST THAT THE AFOREMENTIONED INFORMATION BE RELEASED TO THE PEOPLE LISTED BELOW. I UNDERSTAND THAT THIS RELEASE AUTHORIZES THE DESIGNATED PEOPLE TO SPEAK TO UNIVERSITY OFFICIALS DURING MY ABSENCE. (If more than three people, please write additional names on the back)

Name: _____ / ___ Parent ___ Attorney ___ Employer ___ Other

Name: _____ / ___ Parent ___ Attorney ___ Employer ___ Other

Name: _____ / ___ Parent ___ Attorney ___ Employer ___ Other

I UNDERSTAND THAT I AM RELEASING RECORDS AND INFORMATION RELATED TO MY UNIVERSITY STUDENT DISCIPLINARY HISTORY. I UNDERSTAND THAT THIS RELEASE WILL REMAIN IN EFFECT UNTIL SUCH A TIME AS I SUBMIT A WRITTEN REQUEST REVOKING THIS REQUEST. THE PURPOSE OF THIS RELEASE IS TO PERMIT THOSE I DEEM NECESSARY FULL ACCESS TO MY DISCIPLINARY RECORD AND ANY ASSOCIATED DISCIPLINARY PROCESSES. I UNDERSTAND THAT I AM PERMITTED TO ASK QUESTIONS ABOUT THIS RELEASE PRIOR TO COMPLETING IT. I UNDERSTAND THAT I AM STILL EXPECTED TO CORRESPOND DIRECTLY WITH THE OFFICE FOR SCHEDULING.

STUDENT NAME: _____

STUDENT SIGNATURE: _____

EFFECTIVE DATE: _____