

# FERPA RELEASE OF INFORMATION FORM & PUBLICITY AUTHORIZATION



REGISTRAR'S OFFICE

Print - Student Legal Name \_\_\_\_\_

Student ID # or SSN # \_\_\_\_\_ Entry Term \_\_\_\_\_

## Federal Family Educational Rights and Privacy Act and Tennessee Student Information in Higher Education Act Release of Information Request/Authorization

While the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. §1232) prohibits the release, to third parties (not inclusive of individuals with an educational need to know), of information contained in a student's educational records without the express written consent of the student or of a guardian of whom the student is a dependent (excepting the notification of parents or guardians of students under the age of 21 in cases of alcohol and drug related violations, and victims in violence related incidents) the University complies with the Tennessee Student Information in Higher Education Act of 2005 in seeking to make student information readily available to students and parents to promote an educational partnership. Nonetheless, students requesting such release must complete this document to allow the University to work with them while satisfying the federal regulations.

### Student Request

I hereby request/authorize personnel at Tusculum University to disclose information or copies of:

☐ ALL records maintained by the institution, ☐ only academic, ☐ only co-curricular, ☐ only financial, ☐ NO records released

Release only to the following individual(s): (Educational records will only be released to the individuals listed below)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Relationship to student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

This authorization will continue through the remainder of the student's academic career at the University or until such time as it is revoked in writing or overridden by declaration of the student as to independent status. This information may be transmitted in person, through electronic services or via mail. In signing this document, the individual releases Tusculum University, including its Board, officers, employees, and agents, of any responsibility for misappropriation of the information released.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Publicity Information/Image Use Authorization

I hereby authorize Tusculum University to use my name, photographic image/likeness and other information (e.g. service, honors, and achievements) in any and all print, digital and video formats in all publications and broadcasts (e.g. brochures, viewbooks, newsletters, newspaper articles, websites, radio and television interviews/commercials, e-mail notices and community-wide broadcasts). I understand that information and likenesses may be directly solicited or captured without my awareness.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date