



College of Graduate Studies
 Tennessee Tech University
 PO Box 5012, Cookeville, TN 38505
 931-372-3233

Permission to Release Education Record Information

Requested by (Student):

Release To (Recipient):

 LAST NAME FIRST NAME

 LAST NAME FIRST NAME

 STUDENT "T" NUMBER

 ORGANIZATION/SCHOOL

 DATE

 ADDRESS

 PHONE NUMBER

 CITY, STATE, ZIP

Education record information to be released:

Purpose of release:

I give permission for TTU College of Graduate Studies to release the specified information to the recipient listed above.

 STUDENT SIGNATURE

 DATE

COLLEGE OF GRADUATE STUDIES OFFICE USE ONLY

Action taken: Completed Filed

 DATE

 BY WHOM

Return this form to the College of Graduate Studies Office via mail or scan a copy of the completed form and email it to gradstudies@tntech.edu