Student Consent to Release Confidential Information Form

_____ _____
Student's Name (please print) Student ID

Person(s) of whom my confidential information maybe released (Please Print):

Name: _____ Relationship_____
Parent, Guardians, Spouse

Address: _____
Street City State Zip

(_____)_____ (_____)_____
Home Telephone Work/Cell Telephone

Name: _____ Relationship_____
Parent, Guardians, Spouse

Address: _____
Street City State Zip

(_____)_____ (_____)_____
Home Telephone Work/Cell Telephone

I authorize Meharry Medical College, Office of the Registrar, to release confidential information such as grades, academic progress reports, class attendance records, financial aid, disciplinary actions, and financial account information to the person(s) listed above.

I understand that this release does not apply to information such as counseling and health records protected by the Family Educational Rights and Privacy Act (FERPA) and that authorization is valid as long as I am enrolled at Meharry Medical College or until a written statement from me requesting that the release of confidential information be cancelled.

_____ _____
Student's Signature Date

Please return form to the Office of the Registrar.