

Student Consent to Release Confidential Information Form

Student's Name (please print)	Student ID		
Person(s) of whom n	ny confidential inform	aation maybe releas	sed (Please Print):
Name:	Relationship Parent, Guardians, Spouse		
		Turchi, Gi	adidians, Spouse
Address:Street	City	State	Zip
()	()	
Home Telephone	Work/	Cell Telephone	
Name:	Relationship Parent, Guardians, Spouse		
		r archi, Gi	uartians, Spouse
Address:Street	City	State	Zip
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() Home Telephone	(.) :/Cell Telephone	
I authorize Meharry Medical Cogrades, academic progress report financial account information to I understand that this release doe records protected by the Family valid as long as I am enrolled at requesting that the release of cor	llege, Office of the Reg ts, class attendance reco the person(s) listed aboves es not apply to informat Educational Rights and Meharry Medical Colle	gistrar, to release con ords, financial aid, d ove. ion such as counseli Privacy Act (FERF ege or until a written	nfidential information isciplinary actions, and the althern and that authorizated

Please return form to the Office of the Registrar.