



# TUSKEGEE UNIVERSITY

## RECORD RELEASE FORM

Office of the Registrar

Pursuant to the "Family Education Rights and Privacy Act" of 1974 and the Tuskegee University policy governing the "Release of Information on Students", I hereby authorize the release of my academic record to:

**PLEASE PRINT**

### **STUDENT INFORMATION**

\_\_\_\_\_  
LAST FIRST MI  
( ) \_\_\_\_\_  
HOME PHONE NUMBER SOCIAL SECURITY NUMBER

### **MAILING INFORMATION**

\_\_\_\_\_  
NAME OF PARENT/GUARDIAN OR AGENCY/SPONSOR TO RECEIVE ACADEMIC RECORD INFORMATION  
\_\_\_\_\_  
MAILING ADDRESS  
\_\_\_\_\_  
CITY STATE ZIP CODE

### **ACADEMIC INFORMATION**

\_\_\_\_\_  
COLLEGE MAJOR  
\_\_\_\_\_  
STUDENT SIGNATURE DATE