



Consent to Release Non-Directory Information

www.tstc.edu

Student Name: _____

Student ID#:

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I, the below identified person, do hereby consent to the release of my records and information (other than directory information) from the TSTC Admissions & Record's Office, my Faculty Advisor, and/or the Instructor of record for a particular course in which I am currently enrolled. This information may be released to the following person(s):

Name	Relationship	Address	Phone

This request applies to the release of specific information regarding grades and attendance issues, not directory-type information. This form does not replace the "Disclosure of Directory Information" sheet.

It is strongly recommended that GRADES not be given over the phone, in order to protect the student. Verifying identities by phone is difficult. If you want non-directory information released to the above individual(s), over the phone, they will be asked to give the following code _____.

Signature of student:

Date:

Signature of witness:

Date:

This authorization will be in effect for the student's entire period of enrollment at TSTC, unless revoked by signature of the student.