Student Authorization to Release Academic Records and Personal Data

FISK UNIVERSITY

1000 17th Avenue North
Nashville, Tennessee 37208
615-329-8597 FAX: 615-329-8714
www.fisk.edu

Academic Year 2012-2013

Fisk University is hereby authorized to divulge to my parents or legal guardians, as named below, any and all grade reports, both midterm and final for the current academic year, personal, historical, medical, social, academic or other information which the University possesses and which concerns me. This information may be divulged to the below named person or persons by any method, such as:

1. Oral or telephone communication,
2. Written communication,
3. By permitting examination of papers, documents and records,
4. By permitting copying of all such papers, documents and records,
5. Or by any other mutually convenient method.

I hereby absolve, release and discharge Fisk University or its representatives from any and all liability, which might accrue as a result of the University's disclosure of the information above, described and hereby waive with respect to the above disclosure and duty of confidentiality which the University may owe arising out of our confidential relationship.

I, _____, hereby certify that the foregoing ***ANNUAL*** **(Print**
(Student's Name)
RELEASE has been read and that I fully understand its content and meaning and that this form must be completed each academic year.

_____ _____
Student's Signature DATE

STUDENT INFORMATION

_____
Student Name **(Please Print)**

_____
Local Address

_____
City State Zip Code

_____
Local Telephone Number

PARENT INFORMATION

_____
Parent or Guardian Name

_____
Parent or Guardian Address

_____
City State Zip Code

_____
Home Telephone Business Telephone

_____
Parent Email Address