

Carson-Newman University Student Consent to Disclosure

I, _____, direct Carson-Newman University to disclose to the person(s) named otherwise confidential information which pertains to me which is indicated by a check in the box or boxes below, including by mail to the address indicated. This consent shall remain in effect until revoked by me and provided hereafter. I consent to the disclosure being mailed to the person at the address shown, or to disclosure to the person by phone, or to the person in a meeting between University officials and the person.

Person(s) to whom disclosure may be made:

1. _____ Telephone number _____
Name _____
Address, City, State, Zip _____
2. _____ Telephone number _____
Name _____
Address, City, State, Zip _____
3. _____ Telephone number _____
Name _____
Address, City, State, Zip _____

If mailing address or telephone number of the person changes, I understand it is my responsibility to advise the University in writing by completion of a new Consent to Disclosure form and filing in the Office of the Registrar.

Please check which of the following categories of information may be disclosed:

- Grades
- Academic progress, and course and degree requirements
- Class attendance and completion of assignments
- Disciplinary charges and actions
- Physical, mental health and safety concerns
- Financial Assistance and financial awards, including institutional, federal and state aid
- Billing and Account information
- Other, specifically limited to information concerning: _____

I designate the following password which I will provide to the above person or persons so that they may identify themselves in telephone conversations with University officials. I consent to disclosure by the University to anyone who represents himself or herself to be one of the above persons and who evidences knowledge of the password.

Access Code (Two letters followed by two numbers) _____/_____

I understand that I may revoke this consent at any time in writing in the Office of the Registrar. I understand that the University has a legal right to make certain disclosures which are exceptions to my general right of confidentiality and my right to consent to disclosures.

***** SIGNATURE MUST BE WITNESSED AND VERIFIED BY CARSON-NEWMAN STAFF *****

FAXED OR MAILED FORMS ARE NOT ACCEPTED

Student Signature	I.D. Number	Date of Consent
Staff Signature / Carson-Newman University	Department	Date Verified

TO REVOKE SIGN BELOW

This consent is **revoked** this _____ day of _____, _____.

Signature of Student _____