

College of Graduate Studies  
Tennessee Tech University  
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## Permission to Release Education Record Information

**Requested by (Student):**

**Release To (Recipient):**

\_\_\_\_\_  
LAST NAME                      FIRST NAME

\_\_\_\_\_  
LAST NAME                      FIRST NAME

\_\_\_\_\_  
STUDENT "T" NUMBER

\_\_\_\_\_  
ORGANIZATION/SCHOOL

\_\_\_\_\_  
DATE

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