Office of the Registrar

6965 Cumberland Gap Pkwy., DAR 102

Harrogate, TN 37752

(423)869-6434

**Third Party Request for Education Record(s)**

When a request for student record information is received, this form **must** be completed and filed in the student’s file. This form **should not be completed** when the request is:

* From the student;
* Accompanied by a signed Authorization for Release of Records completed and signed by the

student;

* For directory information, where the student has not requested to have directory information withheld;
* From a school official **and** a legitimate educational interest has been demonstrated for that school official to have the record; or
* A subpoena or judicial order that, by its terms, requires non-disclosure to the student.

|  |
| --- |
| **Student Name**: Click here to enter text. **Student ID:** Click here to enter text.  **Education Records Requested:** Click here to enter text.  **Purpose for requesting records**: Click here to enter text.  **Name of Requester:** Click here to enter text.  **Requester Affiliation:** Click here to enter text. |

Signature of Requesting Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

*Office Use Only:*

**Disposition of Request:**

**Approved- Must attach to this form the letter submitting records, including a statement that the recipient may not release the records to anyone else unless permissible under FERPA.**

**Denied- Reason for Denial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**