

# Tuskegee University

*Founded by Booker T. Washington*

## RECORD RELEASE FORM

Office of the Registrar

Pursuant to the "Family Education Rights and Privacy Act" of 1974 and the Tuskegee University policy governing the "Release of Information on Students", I hereby authorize the release of my academic record to:

(please print)

\_\_\_\_\_  
Name of Parent/Guardian or Agency/Sponsor to receive academic record/information

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Name of Student Social Security Number

( )

\_\_\_\_\_  
Area Code Telephone Number

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
School Major

(Distribution - White Copy: Registrar; Pink Copy: School Dean; Green Copy: Academic Advisor)