



Carson-Newman College  
Office of Student Affairs

Maddox Student Activities Center 2012  
CN Box 72047  
Jefferson City, TN 37760  
(865) 471-3238 Fax: (865) 471-4583

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Student's Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Student's Address: \_\_\_\_\_

\_\_\_\_\_

Student's Phone #: \_\_\_\_\_

I, \_\_\_\_\_ authorize Student Affairs to release:  
(please print name)

- Any and all disciplinary records.
- Only my records associated with the incident of \_\_\_\_\_
- All of the following information/ records:  
\_\_\_\_\_  
\_\_\_\_\_

I permit the information indicated above to be released to: (please list all specific names that apply)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization for release of information shall be valid from \_\_\_\_\_, 20 \_\_  
until \_\_\_\_\_, 20 \_\_\_\_.

I understand that Student Affairs is not responsible for the way in which any of the information released under this authorization is used. I am also aware that I may revoke this release by notifying the Office of Student Affairs at any time, but the Office of Student Affairs is not responsible for any information released under this authorization before any revocation.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_