



**PELLISSIPPI STATE
COMMUNITY COLLEGE**

Disclosure of Records may be printed and submitted **in person** at any Pellissippi State campus location. Faxed disclosure **will not be** accepted. Students **must** sign and provide a photo ID at the time of submission to a PSCC representative.

Directions for Completing and Submitting a Disclosure of Records form

1. Select which records to be disclosed
 - a. ALL Educational Records
 - b. Grades Only
 - c. Financial Aid Only
 - d. Other (please specify)
2. Identify person(s) who can access the records selected above
3. State purpose of the disclosure (i.e. assist with tuition payment)
4. Date
5. Student ID (P number)
6. Student signature (to be signed when submitted)

PELLISSIPPI STATE COMMUNITY COLLEGE

DISCLOSURE OF RECORDS

I, _____, do hereby consent to the disclosure of
(print)
the following record(s) to the following party(ies) for the following purpose(s).

Records disclosed: _____ ALL Educational Records

_____ Grades Only

_____ Financial Aid Only

_____ Other (explain) _____

Disclose to: _____

Purpose: _____

Date: _____

Student ID (P#): _____

Student Signature: _____

Identification: (to be verified by PSCC employee)

Driver's License Number: _____ State of Issuance: _____

Other Picture ID: _____

Employee Initials: _____

Records Office use only

Request Processed by: _____ Date: _____