Release of Information: School Records

Safe at Home Address Confidentiality Program
Department of State
State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-253-3043
sos.tn.gov/safeathome

Tre Hargett
Secretary of State

This form should be used by program participants who would like to request that the Safe At Home Program facilitate the transfer of student records from one school to another. This form may be submitted by mail to the address above or by email to TNSOS.SAFE@tn.gov.

PARTICIPANT INFORMATION

First: _____ MI: _____ Last: _____

Participant Identification #: _____ Date of Birth: ____/____/_____

Phone: _____ Email: _____

The Family Educational Rights and Privacy Act (FERPA) mandates that student records are only available to those who have authorization from the student's parent or guardian, if the student is less than 18 years old. If the student is 18 years or older, school records will not be released to anyone, including parents, without the student's written consent.

By signing below, I certify that I am the legal parent and/or guardian of the student listed below, or that I am 18 years old and I am the student listed below, and request that the Safe At Home Program assist me in transferring my student's/my records from the former school identified below to the current school identified below. Furthermore, I am requesting that the Safe At Home Program review my records and remove any and all information made confidential by my participation in the Safe At Hom Program.

Student Information

First: _____ MI: _____ Last: _____

Participant Identification #: _____ Date of Birth: ____/____/_____ SSN: _____

Student's address while enrolled in Former School

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Former School

Name of School: _____

Address: _____

_____

County:_____

Registrar:_____

Phone: _____

Current School

Name of School: _____

Address: _____

_____

County:_____

Registrar:_____

Phone: _____

PARTICIPANT SIGNATURE	
Participant Signature	**Date**