

REQUEST FOR RELEASE OF INFORMATION

**TENNESSEE TECHNOLOGY CENTER AT NEWBERN
Office of Admissions and Records
340 Washington Street, Newbern, TN 38059**

I, _____,
(Please print your name.)

give permission to the **Tennessee Technology Center at Newbern** to send/transfer:

- _____ Official Copy of Transcript
- _____ Student Copy of Transcript (Issued to Student)
- _____ Official Copy of My COMPASS Scores
- _____ Other Scores (Please specify): _____

TO: Name of Institution/Agency: _____
Attention: _____
Complete Mailing Address: _____

PLEASE PRINT

Name By Which I Was Officially Enrolled:

Last	First	Middle	Maiden
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Current Name If Different From Above _____

Social Security Number _____

Date of Birth _____ Phone Number _____

Present Mailing Address: _____
Street Address or P.O. Box City State Zip

Last date of enrollment _____

Signature Date

Please fax this form to (731) 627-2310 or mail to above address.