

REQUEST TO RESTRICT RELEASE OF INFORMATION

Records Office - Jackson State Community College

2046 North Parkway Jackson, TN 38301

Phone: (731) 425-2654 Fax: (731) 425-2653

Name _____
Last First Middle

JSCC Campus ID # _____ Date _____

Semester _____ Year _____

I request that no information concerning me be released to anyone other than those persons defined as school officials. This is effective for only the current semester for which I am registered. I understand that submitting a signed form to the Records Office means that any future requests for information from non-institutional persons during the applicable semester will be refused.

JSCC assumes no liability for honoring your instructions to release no information.

Student Signature _____ Date _____

Records Office Use Only

Date Entered _____ Records Staff _____