



Name: _____ Other names records may be under: _____
 (Last, First, Middle)

Address: _____ Phone: _____

Email: _____ College: _____

STUDENT EDUCATION RECORD RELEASE FORM

The purpose of the Federal Educational Rights and Privacy Act of 1974 is to protect the privacy of information concerning individual students by placing restrictions on the disclosure of information contained in a student's education records. I understand for the university to release education records, a signed authorization must be on file. Therefore I am filing this release with the University of Tennessee Health Science Center and I understand that this release applies ONLY to records indicated below.

- _____ Academic Records _____ Disciplinary Records _____ Other: _____
 (Honor Code, Student Conduct) (Explain Record)
- _____ Financial Aid Records _____ Financial Records _____ Professionalism Disciplinary Records
 (Tuition, Fees, Student Account)

PRINT CLEARLY

Therefore, I, _____ UTHSC Student ID # _____
 (Print Student/Alumni Name) (885#)

Authorize the university to release information to:

Name	Address	Email	Phone #	Relationship	Secret Word

The above information will be released with my FULL CONSENT. I understand this release authorization remains in effect for one (1) year from the date it is filed or until I submit a written request to revoke it.

 Student/Alumni Signature Date Phone Number

Academic Records, Financial Aid Records, Financial Records, Honor Code Records: Center for Student Success, 910 Madison Ave, Suite 105, Fax 901-448-7700

RETURN COMPLETED FORM TO:

Professionalism Disciplinary Records: College Student Affairs Officer (see College website at www.uthsc.edu/education)

Student Conduct, Behavior or Disciplinary Records: Student Conduct and Community Standards, 800 Madison Ave, Suite 302 or sccs@uthsc.edu