The University of Tennessee Health Science Center

Bursar's Office
910 Madison Ave, Suite WP012
Memphis, TN 38163
Phone: 901-448-5550
Fax: 901-448-6795

CONSENT FOR RELEASE OF STUDENT INFORMATION

I, _____ Student ID: _____
First Middle Last

hereby authorize **The University of Tennessee Health Science Center** to release the following information about me:

☐ All account information (fees, charges, payments)

☐ All financial aid information

----- OR only these specific items (check individual items):

ACCOUNT:
☐ Fees ☐ Charges ☐ Payments

To the following individual(s) upon their request:

1. _____
(Printed Name) (Relationship to Student)

Address _____ Email _____

2. _____
(Printed Name) (Relationship to Student)

Address _____ Email _____

I understand that this information is considered a student's education and financial record. Further, I understand that by signing this release, I am waiving my right to keep this information confidential under the Family Education Rights and Privacy Act (FERPA). I certify that my consent for disclosure of this information is entirely voluntary. I understand this consent for disclosure of information can be revoked by me in writing at any time, but will not affect the information released under my previous consent. If I wish to make any changes to my consent for release, I understand I will need to complete and file a new form. **The authorization on this form will supersede all prior authorizations for release of my information.**

☐ I wish to revoke all consent for release of information.

Student's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

PROCESSED BY _____ Date _____

Place original in student's permanent file (Bursar or Student Loans).