



Human Resources
910 Madison Ave, Suite WP012
Memphis, TN 38163
Tel: (901) 448-5600 Fax: (901) 448-5170

**THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER
AUTHORIZATION OF DISCLOSURE**
(This form allows authorization to verify your employment.)

PLEASE SIGN ONLY ONE

I, the undersigned, authorize the Office of Human Resources of the University of Tennessee to provide the following information to the persons or entities hereinafter mentioned: period of employment, positions held, and salary (if requested in writing).

I fully understand and agree that the above personnel information may be made available by the Office of Human Resources or other UT Departments to prospective employers, lending institutions, and other persons and entities seeking said personnel information for employment, credit and other business.

Date: _____ Signature: _____

Department: _____

I do NOT authorize the above disclosure:

Date: _____ Signature: _____

Department: _____

ATTENTION: The Law of the State of Tennessee makes the Personnel Records of UT public domain. This gives any citizen of the State of Tennessee the right to view your personnel file when they present proper ID showing they are a citizen.