

**RELEASE FORM**

THE UNIVERSITY OF TENNESSEE

**AUTHORIZATION TO RELEASE INVESTIGATIVE  
AND CRIMINAL BACKGROUND RECORDS**

**I hereby authorize the Tennessee Board of Education and the Tennessee Department of Education to perform a criminal history records check on me through a qualified Tennessee licensed private investigation company.**

**I hereby authorize the Tennessee Bureau of Investigation to conduct a criminal history records check on me.**

**I further authorize the Tennessee Bureau of Investigation to release to the University of Tennessee the results of any criminal history records check.**

**I understand that if I am a student, the results of such investigations and/or background checks may affect my acceptance into teacher training programs at The University of Tennessee.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date