

Name: _____ Date: _____ UTC ID: _____

Authorization to Disclose Information in Education Records Pursuant to FERPA

The University of Tennessee at Chattanooga
Records Office, 109 Race Hall
615 McCallie Avenue, Dept. 5155
Chattanooga, TN 37403
Ph: (423) 425-4414

I understand that my education records are protected by the Family Education Rights and Privacy Act of 1974, and they may not be disclosed without my consent. I hereby authorize the University of Tennessee at Chattanooga faculty members teaching courses in which I am currently (or was) enrolled and the Offices of the Bursar, Financial Aid, Records, and Student Development to release any personally identifiable information from my education records to the individuals designated below.

Name: _____

Name: _____

Address: _____

Address: _____

City/State/ZIP: _____

City/State/ZIP: _____

Telephone: _____

Telephone: _____

Note: A notarized signature is required.

The above information will be released with my FULL CONSENT. I understand that this authorization remains in effect from today through _____ (month/year). Written notification is required to revoke this authorization prior to the expiration date indicated above.

Print Name: _____

UTC ID: _____

Student Signature: _____

Date: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public: _____

Space Reserved for
Notary Seal

My Commission Expires: _____

Return completed ORIGINAL form to the UTC Records Office.

I, _____, hereby revoke the Authorization to Disclose previously submitted to the Records Office.

Student Signature: _____

UTC ID: _____