

RELEASE OF INFORMATION AUTHORIZATION

The University of Tennessee at Chattanooga
The Records Office, Dept. 5155
615 McCallie Avenue
Chattanooga, TN 37403

The purpose of the Family 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 university records. I understand that in order for the Records Office, the Bursar's Office, and the Financial Aid Office, and Dean of Students Office to honor a verbal or written request for information by anyone other than the individual student, a signed and notarized authorization must be on file.

Therefore, I, _____, UTC ID _____ authorize the offices listed above to release information to:

Name Relationship

Street Address

City, State and Zip Code

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.

Student Signature Date

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

Notary Public _____ My Commission Expires _____

Return completed original form to the Records Office

I, _____, hereby revoke the Release of Information Authorization previously submitted to the Records Office.

Student Signature UTCID