

## RELEASE OF INFORMATION AUTHORIZATION

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

The purpose of the 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 and Registration Office, the Bursar's Office, and the Financial Aid 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

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***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 \_\_\_\_\_

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Return completed form to the Records and Registration Office

cc: Bursar  
Financial Aid

8/03/04