

Name: \_\_\_\_\_ Date: \_\_\_\_\_ UTC ID: \_\_\_\_\_

## Authorization to Disclose Information in Education Records Pursuant to FERPA

The University of Tennessee at Chattanooga  
UTC Records Office, 109 Race Hall  
615 McCallie Avenue, Dept. 5155  
Chattanooga, TN 37403

**To be reviewed and completed by the STUDENT:**

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: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Once this request is processed, the individuals listed above will be sent an **email with the appropriate PIN** to be used when requesting information on this student. If an email address is not provided, a formal letter will be mailed. UTC email is the official method of communication with students.

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**To be completed by the STUDENT in the presence of a NOTARY:**

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

Print Name: \_\_\_\_\_

UTC ID: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**To be completed by NOTARY:**

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

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

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*Return completed ORIGINAL form to the UTC Records Office.*

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**To be completed by the STUDENT to REVOKE previous authorization:**

I, \_\_\_\_\_ (full name), hereby revoke the Authorization to Disclose previously submitted to the UTC Records Office.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_