

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.

Disclosure Requirements:

I understand that candidates **MUST** provide full disclosure to the SOE within 5 days of any misdemeanor or felony conviction neglect that occurs after initial background check.

Name

Date

Signature

UTC ID