



Name: \_\_\_\_\_ Other names records may be under: \_\_\_\_\_  
 (Last, First, Middle)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ College: \_\_\_\_\_

**STUDENT EDUCATION RECORD RELEASE FORM**

The purpose of the Federal 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 education records. I understand for the university to release education records, a signed authorization must be on file. Therefore I am filing this release with the University of Tennessee Health Science Center and I understand that this release applies ONLY to records indicated below.

- \_\_\_\_\_ Academic Records      \_\_\_\_\_ Disciplinary Records      \_\_\_\_\_ Other: \_\_\_\_\_  
 (Honor Code, Student Conduct)      (Explain Record)
- \_\_\_\_\_ Financial Aid Records      \_\_\_\_\_ Financial Records      \_\_\_\_\_ Professionalism Disciplinary Records  
 (Tuition, Fees, Student Account)

**PRINT CLEARLY**

Therefore, I, \_\_\_\_\_ UTHSC Student ID # \_\_\_\_\_  
 (Print Student/Alumni Name)      (885#)

Authorize the university to release information to:

Name	Address	Email	Phone #	Relationship	Secret Word

The above information will be released with my FULL CONSENT. I understand this release authorization remains in effect for one (1) year from the date it is filed or until I submit a written request to revoke it.

\_\_\_\_\_  
 Student/Alumni Signature      Date      Phone Number

**Academic Records, Financial Aid Records, Financial Records, Honor Code Records: One Stop Shop, 910 Madison Ave Suite 105, Fax 901-448-7700**

**Professionalism Disciplinary Records: College Student Affairs Officer (see College website at [www.uthsc.edu/education](http://www.uthsc.edu/education))**

**RETURN COMPLETED FORM TO:**

**Student Conduct Records: Office of Equity and Diversity, 910 Madison Suite 826, Fax 901-448-1120**