THE UNIVERSITY of TENNESSEE

Student Information Release Form
For Sponsored Projects

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 records. I understand for the university to release records and information related to my records, a signed authorization must be on file.

Print Clearly

Therefore, I, _____, Personnel #_____
(Student Name) (NOT SSN)

Authorize the university to release information from my records (e.g., information relating to payroll, travel, résumé, job knowledge and expertise, employment) to satisfy a request made by any sponsoring agency or potential sponsoring agency.

The above information will be released with my FULL CONSENT. I understand this release authorization remains in effect until I revoke the consent in writing.

_____ _____ _____

Student Signature Date Phone Number

Return Completed Form To: ***Department Business Office***

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