

THE UNIVERSITY OF TENNESSEE
COLLEGE OF NURSING

STUDENT INFORMATION RELEASE FORM

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, the University of Tennessee will not disclose non-directory information from a student's education records without written consent of the student.

I, _____
Student's Name (*Please print*) UT ID No. _____

do hereby authorize the **College of Nursing Advising Center** to discuss or release the contents of my records to:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I understand that this release will remain in effect until I (the student) revoke this agreement in writing.

Student's Signature Date

Note: Student's signature must be notarized.

Affix Notary Seal Here

Return the notarized form to: UT College of Nursing
Student Services Office
1200 Volunteer Boulevard
Knoxville, TN 37996