

OFFICE OF STUDENT JUDICIAL AFFAIRS
UNIVERSITY OF TENNESSEE
MAIN CAMPUS, KNOXVILLE, TN

CURRENT OR FORMER STUDENT WAIVER OF PRIVACY RIGHTS AND
AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby waive my privacy rights (pursuant to the Family Education Rights and Privacy Act of 1974), and authorize the Office of Student Judicial Affairs, University of Tennessee, to release and/or discuss information regarding my student conduct an/or my student judicial affairs record. This waiver shall be considered valid for one calendar year from the day noted by my signature below.

Such information may be released and/or discussed with the following persons only:

List only one person per line:

	<u>Name</u>	<u>Relationship (parent, guardian, etc.)</u>
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____

Student's identification number (or social security number): _____

*******Note to student:** The persons noted above must be prepared to provide the Office of Student Judicial Affairs with your student identification number or social security number, exactly as you have noted above, before Student Judicial Affairs staff members may release and/or discuss any of the aforementioned information.

Signature of current or former student

Today's date (Month, Day, Year)

Signature of Judicial Affairs Staff

Today's date (Month, Day, Year)

*******Please return this form to the Office of Student Judicial Affairs, 409 Student Services. *******
Photo identification will be required.