

CONSENT TO RELEASE ACADEMIC RECORDS

I give my permission for Dr. Stephen Marz to disclose the following information:

1. Any information on my University of Tennessee transcript, including grades, courses taken, and GPA.
2. Any educational evaluations and decisions, including, but not limited to, exams, labs, papers, and grades.
3. Any academic information.

The purpose of this disclosure is to give my permission to _____

I also waive my right to review any recommendation letter and waive my right to review a transcript of any oral conversations.

Student Name: _____

UT ID Number: _____

Email: _____

Student's Signature: _____ Date: _____