

AUTHORIZATION OF DISCLOSURE

I fully understand that, under the laws of the State of Tennessee, personnel records are considered public records and may be inspected, extracted, or copied by any citizen of Tennessee during business hours, in accordance with reasonable rules of the office having custody of such records.

THE FOLLOWING AUTHORIZATIONS ARE FOR RELEASE OF INFORMATION IN RESPONSE TO **TELEPHONE INQUIRIES** ONLY:

1. I, the undersigned, authorize the Human Resources Office of The University of Tennessee to provide the following personnel information to the persons or entities hereinafter mentioned: period(s) of employment, positions held, percent of time, and the name of the department. I fully understand and agree that the above personnel information may be made available by Human Resources to prospective employers, lending institutions, and other persons and entities seeking said personnel information for employment, credit, or other business purposes.

Print Name: _____ Date: _____

Signature: _____

2. I authorize limited disclosure only, consisting of the following:
(Limited to the information listed above)

Print Name: _____ Date: _____

Signature: _____

3. I do NOT authorize the above disclosure in response to telephone inquiries.

Print Name: _____ Date: _____

Signature: _____

Upon completion, please forward to Human Resources - Records, 224A Conference Center Building, Knoxville, TN 37996-4125