



Student Information Release Form

Student Name

Student I.D. Number

I do hereby consent to the release of my UT Martin records outlined below to the following individual(s):

Release to: _____ Release to: _____

Relationship: _____ Relationship: _____

Email: _____ Email: _____

Parent Birth (MM/DD/YY): _____ Parent Birth (MM/DD/YY): _____

Records from the following areas may be released:

- Academic Records. Information will be released on the UTMartinParent Portal. (No information will be released by phone.)
- Financial Aid/Scholarships. Status of student financial aid. (No amounts will be given by phone)
- Skyhawk Card Office (expenditures and a history of activity on the Skyhawk Card).
- Business Affairs. (NOTE: Billing information requires a secret three-digit code. Please print a **three-digit** secret code THAT YOU WILL REMEMBER here _____. If you forget your code, you will have to change it *in writing at the Business Office*.)

This release will remain in effect until revoked in writing at the Office of Academic Records.

Student Signature

Date

* Form must be notarized before the student signature can be considered valid.

Return the signed form to:
The University of Tennessee at Martin
The Office of Academic Records
103 Administration Building
Martin, Tennessee 38238