



THE UNIVERSITY OF
TENNESSEE
KNOXVILLE

**AUTHORIZATION TO RELEASE INVESTIGATIVE
AND CRIMINAL BACKGROUND RECORDS**

I hereby authorize the Tennessee Bureau of Investigation to conduct a criminal history records check on me.

I further authorize the Tennessee Bureau of Investigation to release to the University of Tennessee the results of any criminal history records check.

I understand the results of such investigations and/or background checks may affect my acceptance into teacher training programs or other programs requiring the background check at The University of Tennessee.

Full Name

Social Security Number

Birthdate

Program Area

Signature

Date