THE UNIVERSITY OF TENNESSEE

AUTHORIZATION TO RELEASE INVESTIGATIVE

AND CRIMINAL BACKGROUND RECORDS

I hereby authorize the Tennessee Board of Education and the Tennessee Department of Education to perform a criminal history records check on me through a qualified Tennessee licensed private investigation company.

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 that if I am a student, the results of such investigations and/or background checks may affect my acceptance into teacher training programs at The University of Tennessee.

_____ _____

Name Date

_____ _____

Signature UTC ID