

Personnel File Access and Disclosure Form

Tennessee law permits the inspection of all information contained in a personnel file by any citizen of the State of Tennessee. Release of information over the telephone or by written request will be restricted by the specifications on this form. Please complete one of the three sections below.

1. FULL DISCLOSURE

I, the undersigned, authorize the Personnel Department of The University of Tennessee Space Institute to provide the following personnel information to the persons or entities hereinafter mentioned: period of employment, supervisory ratings, positions held, salary, address, telephone number, and reasons for termination (if applicable).

I fully understand and agree that the above personnel information may be made available by the Personnel Department to prospective employers, lending institutions, and other persons and entities seeking said personnel information for employment, credit, or other business purposes.

Date: _____ Signature: _____

Social Security Number: _____

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2. LIMITED DISCLOSURE

I authorize limited disclosure only, consisting of the following:

Date: _____ Signature: _____

Social Security Number: _____

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3. NO DISCLOSURE

I do **NOT** authorize the above disclosure:

Date: _____ Signature: _____

Social Security Number: _____