**The University of Tennessee, Knoxville**

**Office of the Provost**

**Official Transcript Authorization for Graduate Students**

|  |  |
| --- | --- |
| TO: | Office of the Provost |
| FROM: |  |
|  | Name (First, Middle, Last) |
|  |  |
|  | Signature (MUST BE AN ORIGNAL SIGNATURE, NOT AN E-SIGNATURE) |
| DEPARTMENT: |  |

I understand the Office of the Provost needs access to my UT transcript and those submitted with my graduate application for the purpose of credentialing me to teach my assigned courses. By signing this form, I grant the Office of the Provost permission to retrieve my official transcripts from the University Registrar and/or the Graduate School.

|  |  |  |  |
| --- | --- | --- | --- |
| Last  Name: | First  Name: | | Middle  Initial: |
| UTK Personnel Number: | | | |
| Previous  Institution: | | Date degree conferred  (MM/YYYY): | |
| Degree Earned: | | | |
| Academic Major: | | CIP (if known)\*: | |
| Student Identification  Number\*\*: | | Date of birth  (MM/DD/YYYY): | |
| First Term at UT  (MM/YYYY): | | | |
| Legal name(s) on  student records: | | | |

\* CIP (Classification of Instructional Programs)

\*\* Provide student identification number, if known. If it was your Social Security Number, you may enter NA, not available.

Complete this form in Word, print, sign (signature line at top of page), and return to the

Office of the Provost

527 Andy Holt Tower

Campus Mail Drop 0152