



THE UNIVERSITY OF  
**TENNESSEE**  
KNOXVILLE

OFFICE OF THE  
UNIVERSITY REGISTRAR

## STUDENT ORGANIZATION INFORMATION SHEET

Organizations wishing to obtain information on members must submit this form to the Office of the University Registrar. Each member must provide his/her signature authorizing the Office of the University Registrar to release his/her academic record.

Date \_\_\_\_\_

**PLEASE PRINT**

Name of Student Organization \_\_\_\_\_

Name of Student Organization Representative \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of University of Tennessee Faculty Advisor \_\_\_\_\_

Phone Number \_\_\_\_\_

### Student Members

**PLEASE PRINT**

**NAME**

**STUDENT ID #**

**Student Signature**

_____	_____	_____
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*NOTE\*\* Unless this form is signed by each student it will NOT be processed.*

*Please allow one week to process.*