

VERIFICATION OF AGE

Date _____

Name (Please Print): _____
Last First Middle

Social Security Number: _____-_____-_____

Our school records show the date of birth of _____
(Student's Name)

to be _____.
Month Day Year

Signature and Title

Name of School

School Address

Please return when completed to: University of Tennessee
Human Resources-Employment
221 Conference Center Building
Knoxville, TN 37996-4125