

Unexploded Ordnance Technician Level I (UXO200) Release for Contact Information

The purpose of this form is to provide participants with a mechanism to contact other students prior to their class start date to arrange lodging, carpooling, and meal planning if desired.

Participant Information

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____

Email Address: _____ Phone #: _____

Preferred Method of communication: ☐ Email Address ☐ Phone Number ☐ Call ☐ Text

Releasable Information

Please select the items below that you agree to release to other participants enrolled in your class session dates.

"I authorize TEEX to release the following contact information to other participants enrolled in my class session date."

☐ Email Address

☐ Phone Number

☐ Select this box if you DO NOT want your contact information released to other participants.

Affirmation Statement

"I authorize TEEX to release my contact information as indicated above. I will not use distribute the contact information to others nor will I use it in an inappropriate manner. If an individual requests that I no longer contact them, I will cease all contact immediately upon their request."

Participant Signature:

Date: _____

Please upload your release for contact information form to your myTEEX Student Portal or email it to
LAW@teex.tamu.edu.