



FERPA

NOTICE: This information is being provided to you to clarify questions regarding your rights under the Federal Educational Rights and Privacy Act (FERPA). For the purposes of FERPA and this form, "educational records" include academic progress reports, other academic information (such as academic probation letters), and disciplinary records (such as behavioral or chapel probation). If you are claimed as a dependent on your parents' Federal Income Tax return, your parents are entitled to the above information. If you are not a dependent of your parents, providing them this information is your choice. The purpose of this form is to provide your educational records as much protection as possible.

STUDENT CONSENT TO RELEASE ACADEMIC INFORMATION

Name _____

Student ID# _____

Program of Study: M.A.-Biblical Studies M.A.-Conflict Management M.A.A.S. M.A.L.T.
 M.A.S.E. M.B.A. M.Div. M.Ed. Certificate of Accountancy Program

Concentration (if applicable) _____

Parent name and address:

Parent at another address:

LIPSCOMB UNIVERSITY is subject to the provisions of the Family Educational Rights and Privacy Act (FERPA) that affords to students certain rights of access to educational records and imposes obligations on the university in the release and disclosure of those records to third parties. FERPA regulations, however, allow the university to provide academic progress reports, other academic information and disciplinary information to your parents if you are your parent's dependent for federal income tax purposes.

In order to improve the university's records and to administer properly the release of this information to your parents, the university requests that you complete this form. The information will be sent to your parents at the address shown above. If we have not listed the name and address of another parent who should receive information, please indicate in the space provided above.

_____ I am a dependent of my parents.

_____ I am not a dependent of my parents, but I consent to the release of academic information to my parents.

_____ I am not a dependent of my parents, and I do not consent to the release of academic information to my parents.

Student's Signature

Date

**Please return this form to the
Certificate of Accountancy
Lipscomb University
One University Park Drive
Nashville, TN 37204-3951**