TREVECCA NAZARENE UNIVERSITY DISCLOSURE OF STUDENT AND ACADEMIC INFORMATION

Name	Semester <u>FALL 2010</u>
TNU ID	Social Security Number
disclosure (release) of personally ident Trevecca Nazarene University designate public or directory information: student previous school(s) or college(s), dates	ivacy Act (FERPA) affords students the right to consent to ifiable information with respect to their education records is the following categories of student records information as t's name, address, telephone number, date and place of birth of attendance, class, major field of study, awards, honors all or part time enrollment status, past and present participation ts, and weight and height of athletes.
Students may restrict the release of direct the Academic Records Office during the fi	fory information listed above by submitting a written request to irst two weeks of the Fall Semester.
Act (Buckley Amendment) that affords t imposes obligations on the University in t Buckley Amendment regulations, however	to the provisions of the Family Educational Rights and Privacy to students certain rights of access to educational records and the release and disclosure of those records to third parties. The r, allow the University to provide academic progress reports and the student is the parents' dependent for federal income tax
	rds and to administer properly the release of this information to sity requests that you complete this form by checking the and signing below:
[] I am a dependent of my parer	nts.
[] I am NOT a dependent of my to my parents.	parents, but I consent to the release of academic information
[] I am NOT a dependent of my information to my parents.	parents, and I DO NOT consent to the release of academic
Signature	Date
Additional comments, if any:	