

LEE § UNIVERSITY

CONFIRMATION OF ATTENDANCE

(Questions regarding this form should be directed to the Admissions Office at 423-614-8500.)

NAME: _____

BIRTHDATE: _____

SOCIAL SECURITY # _____ - _____ - _____

Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report student SSN's to the Internal Revenue Service (IRS). This IRS requirement makes it necessary for universities to collect the SSN of every student. A student may refuse to disclose his or her SSN to the College for this purpose, but the IRS is then authorized to fine the student in the amount of \$50.00.

CONFIRMATION OF ATTENDANCE:

Yes, I am coming to Lee. Please finalize my paperwork.
I will be attending Fall 2019 Spring 2020

No, I am not coming, please cancel my application for this semester.
Reason for not attending:

Student Signature

Date

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CONSENT TO RELEASE CONFIDENTIAL INFORMATION

THIS FORM is a consent document that releases confidential information to parents/designees and must be on file in the Records Office in order to discuss the student's academic progress, billing, and financial aid information. Academic progress may include class attendance, course participation, completion of assignments, and final grades. Confidential information will be released to the parent/designee **only if** the parent knows the 7-digit student ID# and other personal identification information. Academic, billing, and financial aid information can also be viewed online through a student's Portico account.

Printed full legal name of student/alumnus _____

Social Security # of student/alumnus _____-_____-_____ **Student ID #** _____

Note: *This information must be filled out clearly identifying release of academic and/or directory information*

PLEASE COMPLETE BOTH SECTIONS BELOW AND SIGN AT THE BOTTOM

SECTION I: Release of Academic, Billing, and Financial Aid Information to Parents/Designees:

I **AUTHORIZE** release of Academic, Billing, and Financial Aid Information to the person(s) below:
(*Highly recommended for students whose parents/guardians are paying their bills*)

Initials

1 Full Legal Name: _____ Maiden Name: _____
(parent/guardian/other) (if applicable)

Address: _____ Married to Person 2? _____

_____ Date of Birth: _____

Phone #: _____ Relationship to Student: _____

2 Full Legal Name: _____ Maiden Name: _____
(parent/guardian/other) (if applicable)

Address: _____

_____ Date of Birth: _____

Phone #: _____ Relationship to Student: _____

I **DO NOT AUTHORIZE** release of Academic, Billing, and Financial Aid Information to anyone.

Initials

SECTION II: Release of Personal Directory Information:

Directory information includes but is not limited to name, address, phone, age, classification, and/or academic major. It is generally the practice of Lee University not to release contact information when requested from outside Lee in order to protect its students. However, there are isolated occasions when this information is requested, such as a potential employer (especially the U.S. Government) requesting a background check.

I **AUTHORIZE** release of my personal directory information.

Initials

I **DO NOT AUTHORIZE** release of my personal directory information to anyone or any service, including all employers. I understand that if I choose this option, it remains valid until I change it with a written request, even after I am no longer a student. This option is recommended only if there is a reason not to be identified as a student at Lee for safety reasons.

***Signature of student/alumnus** _____ **Date** _____

**The document must be signed and dated. Please return to the Records Office:
Mail: Lee University, Records Office, P.O. Box 3450 Cleveland, TN 37320-3450 Fax: 423-614-8204**

For Office Use Only: Updated: _____ Date: _____

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COMMUNITY COVENANT

(Questions regarding this form should be directed to the Office of Student Development at 423-614-8406.)

Lee University is a Christian community dedicated to the highest standards of academic achievement, personal development and spiritual growth. Together the community seeks to honor Christ by integrating faith, learning, and living while its members' hearts and lives mature in relationship to Jesus Christ and each other. Faith in God's Word should lead to behavior displaying His authority in our lives. Scripture teaches that certain attributes such as love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control are to be manifested by members of the Christian community (*Galatians 5:22-23*).

The Community Covenant of Lee University includes the following principles and serves as a foundation for our campus life.

1. Community life at Lee University should be marked by personal stewardship of abilities and resources and sensitivity to the God-given worth and dignity of each individual. Respect for the worth and dignity of each individual regardless of any differences is a foundational tenet of the Christian community of faith. The university does not allow and will not condone discrimination or harassment of another person because of race, color, national or ethnic origin, religious background, age, gender, or disability.
2. Corporate worship aids in community building and support of the body of Christ. We gather as a community at special times for nurture and instruction in the truths of God's Word. These activities include required attendance at chapel and spiritual emphasis weeks. Personal devotions and local church involvement are encouraged.
3. Scripture condemns such attitudes as greed, jealousy, pride, lust, needless anger, an unforgiving spirit, harmful discrimination, and prejudice. Furthermore, certain behaviors are expressively prohibited by Scripture. These include theft, lying, cheating, plagiarism, gossip, slander, profanity, vulgarity, adultery, same-sex sexual behavior, premarital or extramarital sex, sexual promiscuity, pornography, drunkenness, gluttony, immodesty and occult practices (*Galatians 5:19-21; 1 Corinthians 6:9-10*).
4. Scripture teaches that all our actions (work, study, play) should be performed to the glory of God. We endeavor, therefore, to be selective in the choices of clothes, entertainment and recreation, promoting those which strengthen the body of Christ and avoiding those which would diminish sensitivity to Christian responsibility or promote sensual attitudes or conduct.
5. Since the body of the Christian is the temple of the Holy Spirit, it deserves respect and preservation of its well-being. Therefore, the use of alcohol, illegal drugs, tobacco in any form, and the abuse of prescriptions and over-the-counter drugs violates our community standard.

SIGNATURE IS REQUIRED

My signature indicates that I have read and understand that I am to be governed by these principles and expectations. Failure to comply with these standards will result in discipline by the university.

Name (please print) _____ Date _____

Signature _____

Student ID # _____

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RELEASE OF STUDENT DEVELOPMENT INFORMATION

(Questions regarding this form should be directed to the Office of Student Development at 423-614-8406.)

Student's Full Name (Print)

Student ID #

It is the policy of Lee University to maintain confidential Student Development records regarding student discipline. In order to properly administer university policy, this consent form is provided for you to indicate your willingness to allow disciplinary information to be released to your parents. Students who are over the age of 21, as of the first day of class, are not required to identify whether or not they choose to release information to their parents.

_____ I **authorize** Lee University to release disciplinary information to my parents.
Initials

_____ I **do not authorize** Lee University to release disciplinary information to my parents.
Initials

_____ Fall 2019: I will be 21 years of age as of August 21, 2019.
Initials

_____ Spring 2020: I will be 21 years of age as of January 14, 2020.
Initials

This form will need to be completed regardless of whether or not you are independent of your parents. Please understand, however, that information may be released to parents of dependent students regardless of the student's preference.

Student Signature

Date

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PARENTAL/STUDENT PERMISSION FOR RELEASE OF EMERGENCY INFORMATION

(Questions regarding this form should be directed to the Campus Pastor at 423-614-8420.)

To the Health Care Provider:

Your patient is a student at Lee University. Circumstances are such that a responsible family member cannot be present immediately to support the emergency treatment of the student named below. It is the undersigned's desire that pertinent information associated with this emergency treatment be released to a representative from the University. This release is provided to encourage communication between the treating medical provider and the University's designated representative.

RELEASE

(Please Print)

First Name _____ MI _____ Last Name _____

Date of Birth _____

I.D. # or Social Security # _____ is a student at Lee University.

Expiration date for the expressed authorization is _____

(Recommendation: 1 year after you plan to graduate so that this form will stay active during your entire stay).

If the patient does not express a desire for a specific date or condition to revoke their authorization, this authorization will expire ninety days from the date signed by the patient or legal authorized agent. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in accord with this authorization. Revocation by the patient or legal representation is allowable only in the event that release of information has not already occurred. I understand that treatment, payment, enrollment, or eligibility for benefits may not be conditioned on obtaining this authorization.

I grant permission for any physician, dentist, chiropractor, therapist, clinic, hospital or other health care provider or administrative staff to release information pertinent to the emergency health care treatment of my student son/daughter/ward to a representative of Lee University.

Parent/Guardian Signature _____ Date _____

(Signature of Parent or Guardian required for students under the age of 18.)

I am a student at Lee University. I grant permission for any physician, dentist, chiropractor, therapist, clinic, hospital or other health care provider or administrative staff to release information pertinent to my emergency health care treatment to a representative of Lee University.

Student Signature _____ Date _____

A photocopy of the signed original of this "Parental/Student Permission for Release of Emergency Information" shall have the same force and effect as the original and shall be sufficient for the same purposes.

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RELEASE OF MEDICAL INFORMATION/ PRIVACY NOTICE FOR PROTECTED HEALTH INFORMATION

(Questions regarding this form should be directed to Health Services at 423-614-8430.)

PATIENT'S NAME (please print) _____

ID # OR SOCIAL SECURITY # _____

I do hereby give my permission for the Director of the Lee University Health Clinic to discuss my medical condition with:

Please specify individuals and relationship to patient. (Please include coaches, professors, campus personnel, parents, etc.) I understand that it is my responsibility to change or update this list as it becomes necessary.

_____ Signature of Student/Patient	_____ Date
_____ Name	_____ Relationship to Patient
_____ Name	_____ Relationship to Patient
_____ Name	_____ Relationship to Patient

Please exclude the following information when discussing my care with those listed above:

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TREATMENT AUTHORIZATION

(Questions regarding this form should be directed to Health Services at 423-614-8430.)

IMPORTANT: THIS FORM MUST BE SIGNED BY A PARENT OR GUARDIAN IF THE PATIENT IS UNDER AGE 18, OR BY THE PATIENT IF 18 OR OLDER IN ORDER TO RECEIVE MEDICAL CARE BY THE LEE UNIVERSITY HEALTH CLINIC.

I hereby authorize and give my consent to the health authorities of the Lee University Health Clinic staff to perform any reasonably necessary medical treatment upon or administer medical care to:

(Name of Patient)

- This authorization is intended to cover emergency treatment, immunizations, injections, and minor procedures and care.
- This authorization is for treatment in the Lee University Health Clinic only.
- This permission to good only while the patient is attending Lee University.

Signature _____ Date of Birth _____

Relationship to Patient: Self Other _____

Today's Date _____

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MENINGITIS AND HEPATITIS B IMMUNIZATION HEALTH HISTORY

(Questions regarding this form should be directed to Health Services at 423-614-8430.)

First Name _____ MI _____ Last Name _____

Date of Birth _____

I.D. # or Social Security # _____

PLEASE READ AND SIGN

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning hepatitis B infection to all students entering the institution for the first time. Those students who will be living in on-campus housing must also be informed about the risk of meningococcal meningitis infection. The required information below includes the risk factors and dangers of each disease as well as information on the availability and effectiveness of the respective vaccines for persons who are at-risk for the diseases. The information concerning these diseases is from the Centers for Disease Control and the American College Health Association.

THE LAW DOES NOT REQUIRE THAT STUDENTS RECEIVE EITHER VACCINATION PRIOR TO ENROLLMENT AT THIS TIME, BUT THIS SIGNED FORM MUST BE SUBMITTED PRIOR TO ENROLLMENT. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.

A. Hepatitis B (HBV)

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

B. Meningococcal Meningitis

Meningococcal disease is a rare but potentially fatal bacterial infection, expressed as either meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococcemia (bacteria in the blood). Meningococcal disease strikes about 3,000 Americans each year and is responsible for about 300 deaths annually. The disease is spread by airborne transmission, primarily by coughing. The disease can onset very quickly and without warning. Rapid intervention and treatment is required to avoid serious illness and or death. There are 5 different subtypes (called serogroups) of the bacterium that causes Meningococcal Meningitis. The current vaccine does not stimulate protective antibodies to Serogroup B, but it does protect against the most common strains of the disease, including serogroups A, C, Y and W-135. The duration of protection is approximately three to five years. The vaccine is very safe and adverse reactions are mild and infrequent, consisting primarily of redness and pain at the site of injection lasting up to two days.

The Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) recommends that college freshmen (particularly those who live in dormitories or residence halls) be informed about meningococcal disease and the benefits of vaccination and those students who wish to reduce their risk for meningococcal disease be immunized. Other undergraduate students who wish to reduce their risk for meningococcal disease may also choose to be vaccinated.

For more information about Meningococcal Meningitis and Hepatitis B diseases and vaccines, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at www.cdc.gov.

_____ I hereby certify that I have read the above information and I am submitting IMMUNIZATION RECORDS that include the following:

HEPATITIS B VACCINATION

MENINGITIS VACCINATION

OR

_____ I hereby certify that I have read the above information and I elect not to receive these immunizations at this time.

Signature of Student/Guardian if student is under 18 years of age

Date

By Tennessee law, this form is to be submitted to Lee University prior to registration.

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IMMUNIZATION REQUIREMENTS

(Questions regarding this form should be directed to Health Services at 423-614-8430.)

You must submit your official immunization records before completing enrollment at Lee University. The Tennessee Department of Health's immunization requirements for students enrolling in high education institutions in Tennessee after July 2011 are listed below.

- MMR
 - 2 doses of MMR vaccine since the age of twelve months
- Chickenpox Immunization
 - Immunization record verifying Chickenpox illness
 - Documentation of 2 doses of Varicella Vaccine given

Recommended Immunizations

Students are not required to receive the immunizations listed below. Whether or not a student chooses to receive these vaccinations, they must sign the included Meningitis and Hepatitis B Immunization Health History Form.

- Hepatitis B
 - Documentation of 3 doses of hepatitis B vaccine
- Meningitis

Please submit an official copy of your immunization records **OR** have a licensed healthcare professional complete the Certificate of Immunization form found at www.leeuniversity.edu/new-students.

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FINANCIAL AID RELEASE

(Questions regarding this form should be directed to Financial Aid at 423-614-8300.)

**This form grants access to financial aid records including FAFSA data.
The authorized individual must provide the 7-digit student ID number and other
personal identification information to be granted access to financial aid information.**

Student Name: _____ Lee ID or last 4 of SSN: _____

This form is your signed consent for Lee University to release your financial aid information to the individual(s) identified. In signing this form, I knowingly and willingly waive all privacy and confidentiality rights under the Family Education and Privacy Act (FERPA) and Higher Education Act (HEA) Section 483(a)(3)(E) to which I am entitled. This release will remain valid unless revoked. If you wish to revoke this authorization, you must provide written notification to the Financial Aid Office.

Access to student financial aid records will be granted to the individual(s) listed below when they are properly identified and provide your student identification (ID) number. Be sure to provide your ID number to the person(s) identified below. **The University will not release any financial aid information unless the authorized individual provides your student ID number.**

Designated Individual(s):

Parent(s) on the FAFSA

OR if someone other than parents on the FAFSA, please fill in information below.

Other

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship to you: _____

A photocopy or electronic submission of this authorization shall be considered as valid as the originally signed document.

By signing this authorization, I am waiving my rights of nondisclosure of my student financial aid records under FERPA and HEA to the person(s) specifically listed herein. I hereby release and hold harmless Lee University from any and all claims and liabilities that may arise from my instructions.

Student Signature: _____ Date: _____