



COMMITMENT TO ATTEND

(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.

☐ Yes, I will attend Lee in Spring 2024.

☐ No, I will not attend Lee. Please cancel my application for this semester.
Reason for not attending:

Student Signature

Date



01/24

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. This form can also be used to allow a parent/guardian or third parties to be notified if a student is on the **Dean's List** or is recognized for other awards or achievements.

Printed full legal name of student: _____

Social Security # of student: _____ - _____ - _____ **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:

☐

Initials

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)

1	Full Legal Name: _____ (parent/guardian/other)	Maiden Name: _____ (If Applicable)
	Address: _____ _____	Married to Person 2? _____
	Phone #: _____ Email: _____	Date of Birth: _____
		Relationship to Student: _____
2	Full Legal Name: _____ (parent/guardian/other)	Maiden Name: _____ (If Applicable)
	Address: _____ _____	Date of Birth: _____
	Phone #: _____ Email: _____	Relationship to Student: _____

☐

Initials

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

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. This will also allow third parties to be notified if the student received **Dean's List** honors or other awards/achievements.

☐

Initials

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.

***Student Signature** _____ **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: _____



RELEASE OF STUDENT LIFE INFORMATION

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

Student's Full Name (Print)

Student ID #

It is the policy of Lee University to maintain confidential Student Life 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.

Initials ☐ 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 2023: I will be 21 years of age as of August 16, 2023.

Initials ☐ Spring 2024: I will be 21 years of age as of January 9, 2024.

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



**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.



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: _____

Follow these instructions to the **Student Health Portal** and complete the required medical documents



Lee University Student Health Portal

**You're only
3 steps away from
easier access to
your healthcare!**



INSTRUCTIONS

STEP 1:

Go to:
leeuniversity.studenthealthportal.com
(use Portico credentials)

STEP 2:

Click on
"MY FORMS"
tab at the top.

STEP 3:

Click on each form
listed to complete
and submit!

Questions?

Please contact us!

Lee University
Health Clinic:
423-614-8430