

## 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:

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: \_\_\_\_\_ 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: \_\_\_\_\_

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.

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/Alumnus 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: \_\_\_\_\_