

STUDENT CONSENT FOR RELEASE OF RECORDS

To: Office of the Registrar
Nazarene Bible College
17001 Prairie Star Parkway, Suite 300
Lenexa, Kansas 66220
Fax: 719-844-5199

From: _____
(Name/Student ID)

(Street Address)

(City/State/Zip)

Under Federal legislation, the Family Rights and Privacy Act of 1974 (FERPA), I understand that my educational records cannot be released without my written permission or a Parental Affidavit of Dependency certified by my parent or guardian.

I, therefore, request that the information listed below be released to the following person:

Name: _____
Address: _____

Relationship: _____

Information to be released:

Purpose:

(Signature/Date)