

# PARENTAL AFFIDAVIT FOR ACADEMIC INFORMATION

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

From: \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City/State/Zip)

Under Federal legislation, the Family Rights and Privacy Act of 1974 (FERPA), I understand that I am entitled to request certain information related to the educational record of my child that is held in the custody of the Registrar at Nazarene Bible College. By signing this affidavit, I am certifying that the information is true and correct, and that the student referenced below is claimed as a dependent on the most recently required Federal Income Tax form. I also understand that, if the student is not being claimed as a dependent, the only way that I can receive information protected by FERPA is if the student submits a written request authorizing the release of the information to me.

Student's Full Name/ID: \_\_\_\_\_

Your Relationship to Student: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Federal Tax Form/Year: \_\_\_\_\_

Document(s) requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Purpose of request: \_\_\_\_\_

I understand that I must resubmit this affidavit each time information is requested.

\_\_\_\_\_  
(Signature/Date)