



Member of



Parent Request for Disclosure of Education Record Information and Certification of Dependent Status

Records Office - Suite: 207, Student Services Center
120 White Bridge Rd. - Nashville, TN 37209
Phone: (615) 353-3218 / Fax: (615) 353-3302 records@nsccl.edu

Student Name: _____
Last First Middle/Maiden

Student ID#: _____

Requested Information:

I hereby affirm that I am the parent or guardian of the above-named student. This student is a **dependent*** as indicated on the **attached copy of the dependents section of my most recent tax return**. I understand that this entitles me to obtain the information requested above from the education record without permission from my dependent and that the student will be notified that the information has been released.

***Dependent as defined in section 152 of the IRS codes of 1986.**

Full Name of Parent/Guardian (Please Print)

Address

Phone

Parent/Guardian Signature

Date

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