



**Nashville State**  
**Community College**  
**Records Office**  
**Nashville State Community College**  
**120 White Bridge Road**  
**Nashville TN 37209**  
**Fax: 615-353-3302**

Student's Name \_\_\_\_\_

Student ID: \_\_\_\_\_

I was claimed as a dependent on my parent's most recent tax return.

Yes \_\_\_\_\_ No \_\_\_\_\_

I know that the Family Educational Rights and Privacy Act of 1974, as amended (FERPA), protects the privacy of my student educational records and limits access to the information contained in those records.

I have indicated below the individual(s) who may have information from my educational records.

1. Name \_\_\_\_\_  
Relationship to Student \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

If they ask, I want the above named individual(s) to be informed about (initial all that apply).

\_\_\_\_\_ my grades

\_\_\_\_\_ my academic standing

\_\_\_\_\_ my major

\_\_\_\_\_ my graduation status

\_\_\_\_\_ my enrollment

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Students Signature

Date

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Printed Name

**Request to Share Information forms must be accompanied by a valid photo ID if mailing or faxing the form to the Records Office. Student's submitting the form in person must be prepared to show a valid photo ID. Our office will require that the student submit the form.**