

AUTHORIZATION TO DISCLOSE INFORMATION

Office of International Programs and Services

Lincoln University of Pennsylvania

A frequent question that comes up is whether the FERPA privacy act applies to international students, and if so, under what circumstances can a school disclose "personally identifiable records" that FERPA protects from non-consensual release.

The Family Educational Rights and Privacy Act of 1974 as amended [20 U.S.C. § 1232g; [34 C.F.R. Part 99](#)], abbreviated as "FERPA," protects the privacy of all students studying at institutions to which funds have been made available under any program administered by the Department of Education, including funds provided to the school or agency by grant, agreement, or contract, and funds provided to students through Government student loan and grant programs. This protection extends to student records maintained by "educational agencies" that provide administrative control or direction of, or perform service functions for, covered public elementary or secondary schools or postsecondary institutions. [34 C.F.R. § [99.1](#)]

The FERPA statute itself does not distinguish between students based on their immigration status. The basic protection of FERPA is that "personally identifiable information" from student "educational records" cannot be released to any third party without the consent of the student.

I authorize the Office of International Programs and Services to disclose information on my application status to the person(s) identified below for the purposes specified in each case. The Office of International Programs and Services **WILL NOT** disclose **ANY** information to anyone other than the student without this consent form being completed, this includes parent(s), grandparents, guidance counselors, agencies, etc.

SURNAME _____ **FIRSTNAME** _____

Full Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Type of information The Office of International Programs and Services may release to this person:

Application status

Outstanding Documents

Received document

Person 2

Full Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Application status

Outstanding Documents

Received document

LINCOLN UNIVERSITY OF PENNSYLVANIA
DEAN OF STUDENTS CERTIFICATION FORM

Prospective Transfer Student: This certification is to be completed by the **Dean of Students or the Administrative Office in charge of Disciplinary Records** at each post secondary school you have attended as a student regardless of length of time that has past since you were enrolled. You may photocopy this form. Please inform the above office to return this form directly to the Office of International Programs and Services at the address above. All items listed should be completed to the best of the student's knowledge.

STUDENT:

Surname: _____ **First Name:** _____

Institution completing questionnaire: _____

Dates of Attendance: _____

Degree/ Major granted or expected: _____

To the Dean of Students or the administrative Officer in charge of Disciplinary Records:

I have made application for admission to Lincoln University, PA I authorize you to furnish any information in your files regarding any disciplinary action(s) taken or sanctions imposed during the time of my enrollment in your institution.

Student signature: _____ **Date:** _____

SCHOOL OFFICER:

_____ **NO** disciplinary action or sanctions have ever been imposed against the above-named applicant.

_____ **YES** disciplinary action or sanctions have ever been imposed against the above-named applicant.

Please explain below or attach any documentation.

Name of College/University Officer: _____

(Please Print)

Title: _____

Phone Number: _____

Signature: _____ **Date:** _____

Thank you for your assistance. All information supplied on this questionnaire will be kept confidential.

Office of International Programs and Services
Lincoln University of Pennsylvania
1570 Baltimore Pike, P.O. Box 179, MSC #50
Lincoln University, PA 19352

STUDENT GENERAL INFORMATION

www.lincoln.edu

Surname _____

First Name _____

Middle Name _____

PHYSICAL ADDRESS

Number and Street _____

City _____ State _____

Country _____

Telephone Number _____ Cell Phone Number _____

E-Mail Address **(please PRINT clearly, we will communicate via email.)**

PERSONAL INFORMATION

Sex: Female Male

Date of Birth: _____
Month Day Year

Place of Birth: _____
City Country

Country of Citizenship: _____

HIGH SCHOOL INFORMATION

(If you graduated from high school more than 2 years ago, please explain on the Supplementary Information form what you did during that time.)

High School Name _____ Graduation Date _____

TRANSFER STUDENTS (LIST ALL COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED:)

LIST YOUR CO-CURRICULAR ACTIVITIES:

Activity _____ Grades Participated _____

Activity _____ Grades Participated _____

Activity _____ Grades Participated _____

I have taken the SAT Yes No Combined Score _____

I have taken the ACT Yes No Score _____

I will take SAT/ACT (Dates) _____

Candidate's High School Rank _____ in a class of _____

Percentile Rank _____ Is rank weighted? Yes No

Cumulative grade point average (Please ask your High School Counselor for this information):

FAMILY BACKGROUND INFORMATION

MOTHER

Full Name _____

Address _____

City/Country _____

Home Phone Number _____ Cell Phone Number _____

Occupation _____ Work Phone _____

FATHER

Full Name _____

Address _____

Home Phone Number _____ Cell Phone Number _____

Occupation _____ Work Phone _____

LEGAL GUARDIAN (if other than mother or father)

Full Name _____

Address _____

Home Phone Number _____ Cell Phone Number _____

Occupation _____ Work Phone _____

UNDERGRADUATE MAJORS (circle one)

College of Science and Technology;

- *Biology
- *Chemistry
- *Computer Science
- *Environmental Science
- *General Science
- *Nursing
- *Physics

College of Professional ,Graduate and Extended Studies;

- *Accounting
- *Business Management
- *Clinical/Counseling Psychology
- *Finance
- *Health & Physical Education
- *Human Services
- *Information Technology

College of Arts, Humanities and Social Sciences;

- *Anthropology
- *Criminal Justices
- *English
- *French
- *History
- *Mass Communication
- *Music
- *Philosophy
- *Political Science
- *Religion
- *Sociology
- Spanish
- Visual Arts
 - Museum Studies
 - Studio Art

Pre- Professional Programs;

- *Dentistry
- *Law
- *Medicine
- *Nursing
- *Veterinary Science

UNDERGRADUATE MINORS (circle one)

- *Anthropology * Arabic * Biology * Business Management * Chemistry * Computer Science *Criminal Justice * Economics
 *French * General Mathematics * History * Human Services * Japanese * Mass Communications * Music * Philosophy * Religion
 * Sociology * Spanish * Visual Arts

CLASSIFICATION:

- () Freshman
- () Transfer (2 year College)
- () Transfer (4 year College)

LIST ANY FAMILY MEMBERS WHO HAVE ATTENDED LINCOLN UNIVERSITY

(Name & Relationship and Year of Graduation):

Name (s)	Relationship	Year(s)
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- Have you been convicted of a criminal offense other than a minor traffic violation? Yes No
- Are there such criminal charges pending against you at this time? Yes No
- Have you ever been dismissed, suspended or placed on probation by ANY school? Yes No

(If you answered yes to any of the three questions above, please explain these circumstances on a separate sheet.)

I certify that the information provided on this application is true, to the best of my knowledge; and I understand that my omission or misrepresentation of facts or failure to furnish information to the Office of International Programs and Services will automatically invalidate consideration of this application and/or acceptance to the university. I further understand that upon enrollment, I am expected to become familiar with and abide by the student rules and regulations as set forth in the Lincoln University Bulletin and Student Handbook.

Signature of Applicant _____ Date _____

International Affidavit of Support Certification of Financial Responsibility

***Please return all forms with financial documentation
No FAX copies will be Accepted***

After the events of September 11, 2001, *Lincoln University is required by the United States Immigration and Naturalization Services to verify the availability of adequate funding for your tuition, fees, and living expenses for the duration of your academic program. All documentation of Support is valid for one year. Only official, original statements in English are accepted. **We cannot issue the I-20 form necessary to obtain your visa until these forms are completed.**

Evidence should consist of any or all of the following documentation listed below that is applicable to your situation. Failure to provide evidence of sufficient income and/or financial resources may result in the denial of the student.

*Statement from an officer of the bank or other financial institution where you have deposits, giving the following details regarding your account:

- Date account opened
- Total amount deposited for the past year
- Present Balance

Salary verification letters are not acceptable.

This document needs to be completed, notarized and mailed with supporting documentation.

Part I Student Information

Name _____
Surname First Middle Name

Mailing Address _____
Number and Street City Country

Date of Birth (month/day/year) _____

City and Country of Birth _____ Country of Citizenship _____

Part II Actual Cost for 2014—2015

The costs below are for the 2014-2015 academic year. **These figures are estimated costs for 9 months and are subject to increase without notice.** Annual increases in tuition and fees are anticipated; therefore, your financial certification should reflect sufficient funds to cover the increases. Please note that tuition is subject to change without notice.

TUITION AND FEES	\$ 16,974.00
ROOM AND BOARD	\$ 9,020.00
TOTAL	\$ 25,994.00

Undergraduate tuition and fees are based on estimates of 18 credits per semester for two terms. Students must register for a minimum of 12 credits for each semester.

Part III Source of Funding

Please indicate your source (s) of funding for the duration of your program at The Lincoln University and include the required documentation. **You must have a minimum of 25,994.00 available for undergraduate study.** Please include an additional \$5,722 if you intend to attend summer school. All amounts must be in US dollars.

Amount available each year of study:

Required Documentation:

Personal Savings \$ _____

Official letter or statement, signed and dated, from your **bank or financial institution** indicating a current balance to cover the **entire** length of the program.

Sponsor \$ _____

Official letter or statement, signed and dated from your Sponsor's bank or financial institution, indicating funds for the first year of study.

Scholarship \$ _____

Salary verification letters are not acceptable.

Official letter from the awarding institution. The award letter must state the applicant's name, the amount of money available for each year of study, the duration of the award, the degree and academic program, and the name "Lincoln University" as the academic institution that the applicant has been approved to attend.

Other \$ _____

Please specify and enclose original documentation.

Total \$ _____

Part IV Sponsor Statement

I certify that the above information is correct and that funding in the amount of \$ _____ (**minimum \$25,994.00**) is currently available and for each subsequent year of study during the duration of the academic program. **I understand that I will be required to provide support for a minimum of 4 years for the bachelor's degree.** I have enclosed bank or other financial institution verification demonstrating availability of funds for the first year.

Name of Sponsor (**Please Print**) _____

Relationship to Applicant _____

1. I will submit the sum of \$25,994.00 payable to "Lincoln University" for tuition, fees, room and board to remain in the account for the full academic year.
2. I understand and agree that I may not withdraw any of the aforementioned monies from they student's account without proper notification that the student will not attend Lincoln University of Pennsylvania.
3. I understand and fully accept my financial obligations to Lincoln University.

Address of Sponsor:

—

Telephone # _____

Sponsor's Signature _____ Date _____

Part V Student Statement: