

Gender: Male Female Date of Birth ____/____/____ Ethnic Origin _____

Qualified prospective students will receive consideration without discrimination because of race, color, sex, age, national origin, or disability.

School/Place of Employment: _____
Name

Work Address: _____ School District: _____

Occupation / Title: _____

This section is to request your social security number for data collecting purposes only. In accordance with FERPA regulations, Regent University acknowledges the confidentiality of such information and will not use your social security number as an identification number. Your signature below indicates that you have read and understood this statement and have willfully provided us with this information exclusively for our internal use.

Full Legal Name: _____
Last First Middle Initial

Social Security Number: _____

Authorized Signature: _____

Please mail completed form to:

**Molly Waters, Professional Development Coordinator
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757-226-4147 (fax)
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