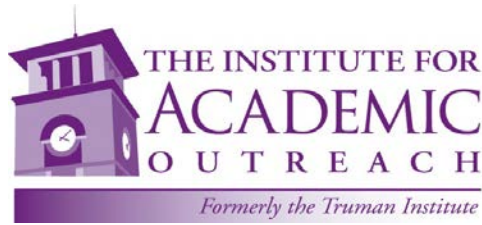


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Competency-Based Mathematics Program
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Competency-Based Mathematics

Truman State University
The Institute for Academic Outreach
100 E. Normal Ave.
Baldwin Hall 110
ksville, MO 63501-4221

Waiver for Disclosure of Account Information (For Flexible Payment Plan)

I (Parent Name) _____ authorize Truman State University and its employees to disclose to faculty and staff of (School Name) _____ the balance of my son or daughter's Truman account (tuition and fees) as part of the Competency-Based Mathematics Program. I understand that such disclosure will only occur in the event that my payments are past-due, per the terms of the Flexible Payment Plan, and that such disclosure will be limited to the name of the student, the amount owed, and any due dates missed. I further understand that the purpose of such disclosure is to enable the school district to recover the portion of my son or daughter's tuition that is used to fund the support services provided by teachers and staff of the school.

Name of Student Enrolled in Competency-Based Mathematics

Signature of Parent

Date