

Disclosure to Parents of Dependent and Students Consent Form for Disclosure to Parents

To: Registrar, [Postsecondary Institution]

From:

Student's First Name	Middle Initial	Last Name
Permanent Street Address	City	State
		Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), the **[Postsecondary Institution]** is permitted to disclose information from your education records to your parents if your parents (or one of your parents) claim you as a dependent for federal tax purposes. Please indicate whether your parents claim you as a tax dependent.

Please check the appropriate box:

- ☐ Yes. I certify that my parents claim me as a dependent for federal income tax purposes.
- ☐ No. I certify that my parents do not claim me as a dependent for federal income tax purposes.

Signature: _____ Date: _____

If you are not claimed as a dependent or you do not know whether you are claimed as a dependent for federal income tax purposes, but you agree that **[Postsecondary Institution]** may disclose information from your education records to your parents, please sign the following consent:

I consent to the disclosure of any personally identifiable information from my education records to my parent(s), for reasons determined by the [Postsecondary Institution] as appropriate.
This authorization will remain in effect for the [] school year.*

Signature: _____ Date: _____

If parents live at the same address, please list both in # 1.

1. _____ Name(s) _____ Address _____ City, State, Zip Phone Home: _____ Cell: _____	2. _____ Name(s) _____ Address _____ City, State, Zip Phone Home: _____ Cell: _____
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**Students cannot be denied any educational services from the [Institution] if they refuse to provide consent.*