

**Model Form for Disclosure to Parents of Dependent Students  
and 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 [2008-2009] school year.\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

1. _____ Name(s)	2. _____ Name(s)
_____ Address	_____ Address
_____ City, State, Zip	_____ City, State, Zip
_____ Telephone	_____ Telephone

\*Students cannot be denied any educational services from the [Institution] if they refuse to provide consent.