



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

**To:** Registrar

**From:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_  
Student's First Name    Middle Initial    Last Name

*Under the Family Educational Rights and Privacy Act (FERPA), Hood College 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 Hood College 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 Hood College as appropriate. This authorization will remain in effect unless you revoke this permission by notifying the Registrar's Office in writing of your intent to do so.*

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

*Parent Name:* \_\_\_\_\_

*Parent Name:* \_\_\_\_\_