

**Disclosure to Parent(s)/Guardian(s) of Dependent Students and
Consent to Disclose Student Records**

To: Registrar, Emory & Henry College

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), Emory & Henry College is permitted to disclose any and all information from your education records to your parent(s)/guardian(s) if they claim you as a dependent for federal tax purposes. Please indicate whether your parent(s)/guardian(s) claim you as a tax dependent.

Please check the appropriate box:

Yes. I certify that my parent(s)/guardian(s) claim me as a dependent for federal income tax purposes.

No. I certify that my parent(s)/guardians(s) 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 Emory & Henry College may disclose information from your education records to your parents or others designated below, please sign the following consent:

I consent to the disclosure of any personally identifiable information from my education records to my parent(s)/guardian(s), and/or those designated below, for reasons determined by Emory & Henry College as appropriate. This authorization will remain in effect during enrollment unless changed by me.*

Signature: _____ Date: _____

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

1. _____ Name(s) _____ Address _____ City, State, Zip _____ Telephone	2. _____ Name(s) _____ Address _____ City, State, Zip _____ Telephone
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*Students cannot be denied any educational services from the Emory & Henry College if they refuse to provide consent.