

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

To: Registrar, Shaw University

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), Shaw University 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 Shaw University may disclose information from your education records to your parents or other guardians, please sign the following consent:

I consent to the disclosure of any personally identifiable information from my education records to my guardian(s), for reasons determined by Shaw University as appropriate. Note this consent does not cover medical records held solely by Student Health or the Counseling Center-contact those offices for informatipn regarding consent. This authorization will remain in effect for the 2012-2013 school year.*

Signature: _____ Date: _____

If guardians 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 Shaw University if they refuse to provide consent.