

LAFAYETTE COLLEGE

PERMISSION TO DISCLOSE TO PARENTS

FROM:

First Name	MI	Last Name	L #
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Permanent Street Address	City	State	Zip Code
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Under the Family Educational Rights and Privacy Act (FERPA), **Lafayette College** is permitted to disclose information from your education records to your parents if you grant Lafayette College permission to do so or if your parents (or one of your parents) claim you as a dependent for federal tax purposes.

Please indicate your dependency status:

- Dependent:** I certify that my parents claim me as a dependent for federal income tax purposes and I consent to the disclosure of any personally identifiable information from my educational records to the parent or parents listed below, for reasons determined by Lafayette College as appropriate.
- Not Dependent:** I certify that my parents do not claim me as a dependent for federal income tax purposes and I consent to the disclosure of any personally identifiable information from my educational records to the parent or parents listed below, for reasons determined by Lafayette College as appropriate.
- Dependency Unknown:** I do not know whether I am claimed as a dependent and I consent to the disclosure of any personally identifiable information from my educational records to the parent or parents listed below, for reasons determined by Lafayette College as appropriate.

This consent is effective for the academic year _____ – _____

Effective Date: _____
_____ Student's Signature / class year

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

1

2

Name(s)

Street Address

City, State, Zip

Name(s)

Street Address

City, State, Zip

Copies: Registrar Dean of the College Residence Life