

FERPA Consent Form

Student Consent for Release of Records

For Office Use Only

School Year _____

Staff Initial _____

Date _____

To: College Registrar, Rappahannock Community College

From: _____

Student's Name Student ID#

Street/P.O. Box City State Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), Rappahannock Community 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 parent(s) 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 Rappahannock Community 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 Rappahannock Community College as appropriate.

Signature: _____ Date: _____

This authorization will remain in effect for the current school year.

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

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