

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

To: Dean of the College, Dartmouth 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), Dartmouth 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 Dartmouth 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 Dartmouth College as appropriate. This authorization will remain in effect for the 2018-2019 school year.

Signature: _____ Date: _____

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

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

**Students cannot be denied any educational services from the Institution if they refuse to provide consent.*

Please email completed form to the Undergraduate Deans Office: undergraduate.deans.office@dartmouth.edu