

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

To: Registrar, Mount St. Mary's 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), Mount St. Mary's 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: \_\_\_\_\_

Whether or not you are claimed as a dependent, if you agree that Mount St. Mary's University may disclose information from your education records to your parents, please sign the following consent:

I authorize the disclosure of any personally identifiable information from my education records to my parent(s) for reasons determined by Mount St. Mary's University as appropriate. I understand that (1) I have a right not to authorize the disclosure of information in my education records; and (2) this authorization shall remain in effect during my enrollment unless revoked in writing by me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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