

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

To: Registrar, NCSU

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), NCSU 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 tax purposes.
- No, I certify that my parents do not claim me as a dependent for federal 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 NCSU 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 NCSU as appropriate. This authorization will remain in effect for the \_\_\_\_\_ school year.

I understand further that (1) I have the right not to consent to the release of my education records, information and works; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to NC State, but that any such revocation shall not affect disclosures previously made by NC State prior to the receipt of any such written revocation.

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