



Family Educational Rights and Privacy Act (FERPA) Acknowledgement Form

DIRECTIONS: Under the Federal Educational Rights and Privacy Act (FERPA), Connecticut 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 U.S. federal tax purposes. **When completed, please return this form in envelope #4 to the Office of the Dean of Studies, Box DOCC, Connecticut College, 270 Mohegan Ave., New London, CT 06320-4196, by July 1, 2011.**

Student's last name: _____ First name: _____ Middle initial: _____ Class year: _____

Permanent street address: _____ City: _____ State: _____ Zip code: _____

I. United States Tax Dependence Status:

Please indicate whether your parents claim you as a tax dependent:

- 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: _____

Note: Students are reminded that misrepresentation to College officials is a violation of the Honor Code (p. 29, Student Rights and Responsibilities)

II. Permission to disclose educational records for students who are not claimed as dependents or do not know if they are claimed as dependents on U.S. federal income tax forms:

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 Connecticut 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 the Connecticut College as appropriate.

Signature: _____ Date: _____

Note: Students cannot be denied any educational services from Connecticut College if they refuse to provide consent.

Please list parents' (or legal guardians') names and current address(es):

Parent/Legal Guardian 1

Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Parent/Legal Guardian 2

Name: _____

Street address: _____

City: _____ State: _____ Zip: _____

Telephone: _____