



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

To: Registrar, Robeson Community College

From: _____ ID# _____
Student's First Name Middle Initial Last Name
Permanent Street Address City State Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), Robeson Community College (RCC) 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 RCC may disclose and/or discuss 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 RCC 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 the RCC Registrar, but that any such revocation shall not affect disclosures previously made by RCC prior to the receipt of any such written revocation.

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

STATE OF NORTH CAROLINA, ROBESON COUNTY

I, _____, a Notary Public for Robeson County, North Carolina do hereby certify that _____ personally appeared before me this day and acknowledged the execution of the foregoing disclosure form.

Witness my hand and seal, this the ___ day of _____, 2016.

(seal)

My commission expires: _____