Parental Disclosure & Consent Form (FERPA)

To:
Registrar,
Robeson Community College
From:

Student Name: _____ Student Phone Number: _____

Student ID Number or Last 4 of SSN: _____ Major: _____

Student Address: _____
Street/Route City State Zip

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 appropriately:

☐ **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.

Student 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.

Student Signature: _____ **Date:** _____

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

1. Name(s):	2. 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 . My commission expires:

(Seal)