

SAGRADO

Universidad del Sagrado Corazón

OFFICE OF THE REGISTRAR

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

To: Registrar

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), the *Universidad del Sagrado Corazón* 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 state or 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 income tax purposes.
- No. I certify that my parents do not claim me as a dependent for income 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 state or federal income tax purposes, but you agree that *Universidad del Sagrado Corazón* 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 *Universidad del Sagrado Corazón* as appropriate. This authorization will remain in effect for the academic year: **2018-19***

Signature: _____ Date: _____

Please state parents' addresses and contact information.

<i>#1 Name:</i>	<i>#2 Name:</i>
<i>Address:</i>	<i>Address:</i>
<i>City, State, Zip code</i>	<i>City, State, Zip code</i>
<i>Telephone:</i>	<i>Telephone:</i>

**Students will not be denied any educational services from Universidad del Sagrado Corazón if they refuse to provide consent.*