Lafayette College
Permission to Disclose to Parents

To: Lafayette College
From: _____
First Name MI Last Name LNumber

_____
Permanent Street Address City State Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), **Lafayette College** is permitted to disclose information from your education records to your parents if you grant Lafayette College permission to do so or if your parents (or one of your parents) claim you as a dependent for federal tax purposes.

Please indicate your dependency status:

- ☐ **Dependent:** I certify that my parents claim me as a dependent for federal income tax purposes and I consent to the disclosure of any personally identifiable information from my educational records to the parent or parents listed below, for reasons determined by Lafayette College as appropriate.

- ☐ **Not dependent:** I certify that my parents do not claim me as a dependent for federal income tax purposes and I consent to the disclosure of any personally identifiable information from my educational records to the parent or parents listed below, for reasons determined by Lafayette College as appropriate

- ☐ **Dependency unknown:** I do not know whether I am claimed as a dependent and and I consent to the disclosure of any personally identifiable information from my educational records to the parent or parents listed below, for reasons determined by Lafayette College as appropriate.

This consent is effective for the academic year _____. *(Must be filed annually)*

Signature: _____ Date: _____

Anticipated Graduation Year: _____

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

1. _____
Name(s)
_____
Address
_____
City, State, Zip

2. _____
Name(s)
_____
Address
_____
City, State, Zip

Copies: Registrar Dean of Advising and Co-Curricular Programs Campus Life