## <u>Disclosure to Parents of Dependent Students and Consent Form</u> <u>for Disclosure to Parents</u>

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Students'									
<u>Current</u> Home									
Location									
(Check One):	Charlesto	on   _ Bec	kley	<b>Martinsburg</b>	Online				
Student Name:									
Student ID:	Please provide a 4-digit PIN for FERPA:  *This number will be used to allow us to talk to your family members.  *								
Address:	your ranning members.								
Under the Family Educational Rights and Privacy Act (FERPA), the University of Charleston 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.									
Yes. I certify that	my parents claim	me as a depend	lent for federal ir	ncome tax purposes.					
☐ No. I certify that n	ny parents do not	claim me as a d	dependent for fed	leral income tax purpose	S.				
I consent to the disclose my education records to my parent(s), if they use my <u>FERPA PIN</u> for reasons listed below. The authorization will remain in effect until the student is no longer a student or completes the "Repeal of Student Records Form"									
Academic process	, including GPA ar	nd course grade	es						
Financial Aid									
Student Signature:				Date:					
Custodial Parent Name(s) and relationship:  Relationship									
Processed by:				Date:					
Dologo of Student Bearing CAS									