

CONSENT FORM FOR DISCLOSURE OF EDUCATIONAL RECORDS TO PARENTS*

To: Registrar, Mississippi State University

From: _____
(Student's) First Name Middle Name Last Name

Permanent Street Address City State Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), Mississippi State University 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 income tax purposes.
- No. I certify that my parents do not claim me as a dependent for federal 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 federal income tax purposes, but you agree that Mississippi State University 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 Mississippi State University as appropriate.

Signature: _____ Date: _____

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

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

*Student will not be denied any educational services from Mississippi State University if they refuse to provide consent.