

# Montclair State University Consent Form for Disclosure to Parents

To: (Name) \_\_\_\_\_

(Office) \_\_\_\_\_

Montclair State University

From:

Student's First Name Middle Initial Last Name

Permanent Street Address City State Zip Code

CWID Number \_\_\_\_\_

Under the Family Educational Rights and Privacy Act (FERPA), the \_\_\_\_\_ Office 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 **Montclair 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 Montclair State University as appropriate. This authorization is only for the disclosure of information regarding \_\_\_\_\_.\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

1. \_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

2. \_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\*Students cannot be denied any educational services from the University if they refuse to provide consent.