

DISCLOSURE TO PARENTS OF DEPENDENT STUDENTS

To: Registrar
Radford University

From: _____
Student's First Name Middle Initial Last Name RU ID#

Permanent Street Address City State Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), **Radford University** is permitted to disclose information from your education records to your parents or legal guardian, if your parents/guardians (or one of your parents/guardians) claim you as a dependent for federal tax purposes. While FERPA permits the disclosure, Chapter 495, 2008 Virginia Acts of Assembly requires disclosure. Please indicate whether your parents/guardians claim you as a tax dependent.

Please check the appropriate box:

Yes. I certify that my parents/guardians claim me as a dependent for federal income tax purposes.

No. I certify that my parents/guardians do not claim me as a dependent for federal income tax purposes.

Signature: _____ Date: _____

If parents/guardians 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 _____