



Program: 2020-2021 Academic Year

From: Student Affairs

Re: Disclosure of Educational Records to Parents, Guardians & Others

Last Name:	First Name	Student Id:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Instructions

- Please read this entire document before providing your acknowledgement and agreement below. If you have questions about this document or who can access your education records please contact Student Affairs at 802-387-6779 or campuslife@landmark.edu.

Disclosure to Parents/Guardians of Students Claimed as Dependents

As allowed by federal regulations (the Family Educational Rights & Privacy Act - FERPA), Landmark College releases information contained in a student's educational record to a student's parents/guardians (both custodial and non-custodial) if the student is claimed as a dependent on the parent/guardian's Federal Income Tax Return.

Please Check One

- The student named above is claimed as a dependent on their parent(s) or guardian(s) income tax return, and as a result those listed below will have access to the student's educational record.
- The student named above is not claimed as a dependent on their parent(s) or guardian(s) income tax return, but agrees to allow those listed below to access their educational record.

Parent/Guardian Name:	Parent/Guardian Name:
<input type="text"/>	<input type="text"/>
Relationship: <input type="text"/>	Relationship: <input type="text"/>
Street: <input type="text"/>	Street: <input type="text"/>
City: <input type="text"/>	City: <input type="text"/>
State: <input type="text"/> Zip Code: <input type="text"/>	State: <input type="text"/> Zip Code: <input type="text"/>
Telephone: <input type="text"/>	Telephone: <input type="text"/>
Email: <input type="text"/>	Email: <input type="text"/>

Optional Disclosure to Other Individuals

In addition a student may elect to have the information contained in their educational record shared with persons of their choice (for example: parents who don't claim the student as a dependant, grandparents, tuition contributors, etc.).

By completing this section, you authorize the following person(s) to have access to your educational record by phone/email contact with the College, to receive all mailings, including grades and other correspondence related to your performance at Landmark College. You understand that you have the right not to consent to the release of your education records, and that this consent shall remain in

effect unless revoked by you in writing and delivered to Landmark College, but that any such revocation shall not affect disclosures previously made by Landmark prior to the receipt of any such written revocation.

Name:	<input type="text"/>	Name:	<input type="text"/>
Relationship:	<input type="text"/>	Relationship:	<input type="text"/>
Street:	<input type="text"/>	Street:	<input type="text"/>
City:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	State:	<input type="text"/>
Zip Code:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone:	<input type="text"/>	Telephone:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>

- By checking here, the student represents that they agree that the individuals listed above may have access to their educational record as indicated.
- By checking here, the student represents that they have read this FERPA Release and agrees to be bound by it.

Save and Submit Your Form



Save

1. Click on the **Save** icon , located in the top left of the form frame (outermost scroll bar) to save your work. You may save your work at any time and then return to complete the form later.

DONE!

2. Once you have completed the form and it is ready for submission, you will see a **Done!** button in the bottom right of the form frame. **Save** your form one more time and then click on this button to submit your form to Landmark College.