



Authorization to Release Student Account and Education Information (FERPA Release)

RECOMMENDED FORM

Page 1 of 1

Name of Student: (please print) _____ Social Security # _____ Date of Birth: _____

DISCLOSURE TO PARENTS/GUARDIANS OF STUDENTS CLAIMED AS DEPENDENTS

As allowed by federal regulations (the Family Educational Rights & Privacy Act), 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's/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.
- The student named above is not claimed as a dependent on their parent(s) or guardian(s) income tax return.

Parent/guardian _____	Parent/guardian _____
Relationship _____	Relationship _____
Street _____	Street _____
City/state/zip _____	City/state/zip _____
telephone _____	telephone _____
e-mail _____	e-mail _____

Student's Signature _____ Date _____

(note: if student signature is not included here, then a copy of the first page of most recent year's tax return must be attached. Please feel free to black-out any social security number or income amounts)

DISCLOSURE TO OTHER INDIVIDUALS

In addition to dependent students, any student may elect to have the information contained in their educational record shared with persons of their choice (for example: 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 AND/OR 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 _____	Name _____
Relationship _____	Relationship _____
Street _____	Street _____
City/state/zip _____	City/state/zip _____
telephone _____	telephone _____
email _____	email _____

- May be given phone/email access to educational information
- May receive all mailings, including grades
- May be given phone/email access to educational information
- May receive all mailings, including grades

Student's Signature _____ Date _____