



Program: 2021 Summer College Readiness Program

From: Student Affairs

Re: Authorization to Release Student Account & Educational Records

Last name, First name (Chosen Name)

Date of Birth

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:
Relationship:	Relationship:
Street:	Street:
City:	City:
State: Zip Code:	State: Zip Code:
Telephone:	Telephone:
Email:	Email:

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:	Name:
Relationship:	Relationship:
Street:	Street:
City:	City:
State: Zip Code:	State: Zip Code:
Telephone:	Telephone:
Email:	Email:

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

Student Name

Date

Signature

Return this form via email to: summer@landmark.edu