BELMONT UNIVERSITY

Consent to Release Educational Records (FERPA)
Certification of Dependent/Independent Status

Office of the Registrar
Freeman Hall, 1st Floor
www.belmont.edu/registrar
Phone: 615-460-6619
Fax: 615-460-5415

(PLEASE PRINT)

Student's Name: _____

Belmont ID#: _____

Parent's Name & Address:

_____ _____
_____ _____
_____ _____
_____ _____

Belmont University is subject to the provisions of the Family Educational Rights and Privacy Act (Buckley Amendment or FERPA) that afford to students certain rights of access to educational records and imposes obligations on the university in the release and disclosure of those records to third parties. The Buckley Amendment regulations, however, allow the university to disclose information from an educational record to your parent(s) if you are your parent(s)' dependent for federal income tax purposes.

In order to improve the university's records and to administer properly the release of this information to your parent(s), the university requests that you complete this form. The information will be released to your parent(s) at the address(es) shown above. If you have not listed the name and address of another parent who may receive information, please indicate in the space provided above.

Please check one of the following:

( ) I **am** a dependent of my parent(s) listed above.

( ) I am **not** a dependent of my parent(s), but I consent to the release of information from my educational records to my parent(s) listed above. The information I authorize for disclosure is information pertaining to my grades, accounts and any disciplinary matters that might involve me.

( ) I am **not** a dependent of my parent(s), and I do not consent to the release of information from my education record to my parent(s).

_____ _____
Student's Signature Date

Please provide additional information, if needed.

_____
_____

Please return form to the Office of the Registrar.

(Revised 11-08)