

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

Student's Name: _____ *(PLEASE PRINT)*

Belmont ID#:

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Parent(s) or Guardian(s) Name(s) _____
Address _____
City, State ZIP _____

If applicable:

Third Party Designee Name & Address**: _____

Affiliation to Student: _____

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) or guardian(s) if you are you are considered a 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) or guardian(s), the university requests that you complete this form. The information will be released to your parent(s) or guardian(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. Additionally, you may list a third party designee. This may include, but is not limited to, another family member, a spouse, or an individual within a business.

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).

If applicable: () I consent to the release of information to the third party designee listed above**.

Student's Signature

Date

Please provide additional information, if needed.

Please return form to the Office of the Registrar.

** The student has the right to designate access to academic records to any third party individual, not just parents or guardians.