

Office of the Registrar 118 E. South Street | Raleigh, NC 27601 Debnam Hall 2nd Floor Tel: 919-546-8415 Fax: 919-546-8553

Rev: 2/16/17

FERPA Disclosure to Parents of Dependent Students and Consent Form for Disclosure to Parents

	Registrar, Shaw University			
From:				
	Student's First Name	Middle Initial	Last Name	
	Permanent Street Address	City	State	Zip Code
informati	on from your education recordependent for federal tax pu	rds to your paren	ts if your pare	v University is permitted to disclo ents (or one of your parents) cla ner your parents claim you as a to
Please cl	neck the appropriate box:			
	Yes, I certify that my parents	claim me as a de	ependent for	federal income tax purposes.
	No, I certify that my parents d	o not claim me a	s a depende	nt for federal income tax purpose
Signature	e	Date		
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