

BUFFALO STATE COLLEGE
Consent Form for Disclosure to Parents of Dependent Students

To: Dean of Students

From: _____

(PRINT)

Student's first Name

Middle Initial

Last Name

Permanent Street Address

City

State

Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), Buffalo State College is permitted to disclose information from your education records to your parents if your parents (or one of your parents) claim you as a dependent for federal tax purposes. Please indicate whether your parents claim you as a tax dependent.

Please check the appropriate box:

- Yes. I certify that my parents claim me as a dependent for federal income tax purposes.
- No. I certify that my parents do not claim me as a dependent for federal income tax purposes.

Signature: _____ Date: _____

If you are not claimed as a dependent or you do not know whether you are claimed as a dependent for federal income tax purposes, but you agree that Buffalo State College may disclose information from your education records to your parents, please sign the following consent:

I consent to the disclosure of any personally identifiable information from my education records to my parent(s), for reasons determined by Buffalo State College as appropriate. This authorization will remain in effect for the 2013-14 school year.*

Signature: _____ Date: _____

If parents live at the same address, please list both in # 1.

1. Name(s) _____

Address _____

City, State, Zip _____

Telephone _____

2. Name(s) _____

Address _____

City, State, Zip _____

Telephone _____

Please return to the Dean of Students Office CAMB 306, Buffalo State College, 1300 Elmwood Ave. Buffalo, NY 14222.

**Students cannot be denied any educational services from Buffalo State College if they refuse to provide consent.*