

PARENTAL AFFIDAVIT FOR ACADEMIC INFORMATION

To: Registrar's Office
Southern Arkansas University Tech
P.O. Box 3499
East Camden, Arkansas 71711
Fax: (870) 574-4478

From: _____
(Name)

(Address) (City) (State) (Zip)

Under Federal legislation, the "Family Educational Rights and Privacy Act of 1974," and based on the applicable box below, I understand I am entitled to request certain student data, such as grades, dates of attendance, and other records under the custody of the Registrar at Southern Arkansas University Tech.

Please check applicable box:

1. I, _____, certify that
(Name)
_____, is claimed
(Please print full name of student) (Social Security Number)
on my Federal Income Tax form as my dependent.

2. I am the parent of _____
(Please print full name of student) (Social Security Number)
who is currently being claimed by _____ (Must be
(Name of person claiming for Federal Income Tax)
completed if Box #2 is checked.) Please indicate person's relationship to student: _____

Note: The above mentioned student must be carried as a legal dependent on the Internal Revenue Service form. If Box 1 or 2 does not apply, the only way you can receive this type of information is for the student to request in writing that academic information be sent to you. If the student is not being claimed, do not return this form. There will be no automatic mailing of grades or other information by the Registrar to anyone other than the student without a written request..

I hereby request the following document(s) **[PLEASE SPECIFY DOCUMENT AND SEMESTER]:**

Please indicate the purpose of request: _____

I understand that I must submit this request for information each time it is needed.

(Signature) (Date)