



Authorization to Release Student Account and Education Information (FERPA Release)

RECOMMENDED
FORM

Page 1 of 1

Name of Student: (please print) _____

Social Security # _____

Date of Birth: _____

DISCLOSURE TO PARENTS/GUARDIANS OF STUDENTS CLAIMED AS DEPENDENTS

As allowed by federal regulations (the Family Educational Rights & Privacy Act), Landmark College releases information contained in a student's educational record to a student's parents/guardians (both custodial and non-custodial) if the student is claimed as a dependent on the parent's/guardian's Federal Income Tax Return.

Please check one:

- ☐ The student named above is claimed as a dependent on their parent(s) or guardian(s) income tax return.
- ☐ The student named above is not claimed as a dependent on their parent(s) or guardian(s) income tax return.

Parent/guardian _____

Parent/guardian _____

Relationship _____

Relationship _____

Street _____

Street _____

City/state/zip _____

City/state/zip _____

telephone _____

telephone _____

e-mail _____

e-mail _____

Student's Signature _____

Date _____

(note: if student signature is not included here, then a copy of the first page of most recent year's tax return must be attached.

Please feel free to black-out any social security number or income amounts)

DISCLOSURE TO OTHER INDIVIDUALS

In addition to dependent students, any student may elect to have the information contained in their educational record shared with persons of their choice (for example: grandparents, tuition contributors, etc).

By completing this section, you authorize the following person(s) to have access to your educational record and receive all mailings, including grades and other correspondence related to your performance at Landmark College, so that they will have such information. You understand that you have the right not to consent to the release of your education records, and that this consent shall remain in effect unless revoked by you, in writing, and delivered to Landmark College, but that any such revocation shall not affect disclosures previously made by Landmark prior to the receipt of any such written revocation.

Name _____

Name _____

Relationship _____

Relationship _____

Street _____

Street _____

City/state/zip _____

City/state/zip _____

telephone _____

telephone _____

email _____

email _____

Student's Signature _____

Date _____

If you have any questions regarding this document, please contact the Dean of Students at (802) 387-6713