



Student Name: _____
Last, First, Middle

ID#: _____

IN ACCORDANCE WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)

- Item(s) to be released:
- _____ 1. Copy of student's grade report and/or academic transcript
 - _____ 2. Copy of student's class schedule
 - _____ 3. Copy of student's bill/invoice and payment plan information
 - _____ 4. Copy of student's financial aid award information
 - _____ 5. Other (please specify) _____

Parent/Guardian information:

Name: _____ Circle one: Mother Father Guardian

Address: _____
Street City State Zip

Phone Numbers: Day _____ Evening _____

The undersigned affirms and represents:

1. The undersigned is a parent or guardian of the above-named student.
2. The above-named student is a dependent student of the undersigned as such term is defined in Section 152 of the Internal Revenue Code of 1954. The student has been claimed by the undersigned as a dependent on the federal income tax return for the year in which this request is dated.
3. The undersigned will furnish the College upon its request such information as the College may reasonably require to confirm that the student is a dependent of the undersigned.
4. The right to receive/review the education records of the student will terminate when the student is no longer a dependent student of the undersigned.
5. The undersigned will indemnify the College from any loss which the College may incur to the student or any other person as a result of furnishing the information requested herein.
6. The undersigned agrees to keep the disclosed information confidential according to applicable legislation and regulations.

NOTE: Dependent student will be notified of this request before the College will respond to this request.

Release of the above information is effective only for a time period the student is a confirmed to be a dependent.

I hereby certify the foregoing to be true, knowing that Mount Wachusett Community College will rely upon the statements made by me herein in furnishing the information which I have requested.

Parent/Guardian Signature: _____ Date: _____

*Copy of parents' most recent federal tax return must accompany this completed form.

FOR OFFICE USE ONLY: All releases of records authorized by this request are tracked in student record on SPACMNT.

Expiration Date: _____