

**Simpson College**  
**Family Educational Rights and Privacy Act - disclosure of information to parents**

To: Dr. John Bolen, Registrar, Simpson College

From: \_\_\_\_\_  
 Student's First Name                      Middle Initial                      Last Name  
 \_\_\_\_\_  
 Permanent Street Address                      City                      State                      Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), Simpson 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:

- I certify that my parents claim me as a dependent for federal income tax purposes.
- I certify that my parents do not claim me as a dependent for federal income tax purposes and do not authorize release of my educational information.
- I certify I am not claimed as a dependent or I do not know whether I am claimed as a dependent for federal income tax purposes, but I agree and consent that **Simpson College** may disclose any personally identifiable information from my education records to my parent(s), for reasons determined by Simpson College as appropriate. This authorization will remain in effect during the time I am enrolled at Simpson College. \*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

1. _____ Name(s)	2. _____ Name(s)
Address	Address
City, State, Zip	City, State, Zip
Telephone	Telephone

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