

Authorization for Release of Confidential Information to Parent(s)

NOTE: Submit this Authorization Form to the Registrar's Office, Benedictine University

PRINT Student's Name		Student ID Number	
Permanent Street Address	City	State	Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), **Benedictine University** is permitted to disclose information from a student's education records to parent(s) if student consents to the disclosure.

Student Consent

(To be completed annually)

A. I consent to the disclosure of any personally identifiable information from my education records to my parent(s) named below, for reasons determined by Benedictine University as appropriate. This authorization will remain in effect for the current academic year only, or until I revoke it in writing.

Signed: _____ Date: _____

Please print.

Parent Name	Parent Name
Address	Address
City, State, Zip	City, State, Zip
Telephone	Telephone

B. I wish to revoke my consent to the disclosure of information from my Education Records to my parent(s) effective immediately.

Signed: _____ Date: _____

Parent Certification

(To be completed annually if the parent requests student account and/or financial aid information)

If the student whose name appears above does not consent to the disclosure, but parent(s) claim student as a dependent for federal income tax purposes (and complete the Parent Certification below), Benedictine University may disclose Student Account and Financial Aid information to parent(s).

C. I certify that the student whose name appears above is my dependent for federal income tax purposes. I have attached a copy of my most recent Tax Return (Form 1040), as evidence of dependent status, having first removed or blocked out all financial information and all social security numbers except my own and that of the student. I understand that Benedictine University is not **required** to disclose student account and/or financial aid information from my dependent's records to me but **may do so** if I request the information in writing, and provide this certification and a copy of my tax return. This certification remains in effect for the current school year.

Print Parent(s) Name _____ Signature _____ Date _____

State of _____ County of _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20_____

Notary Public My commission expires: _____ (SEAL)

COPIES: Permanent File, Student, Advisor, Financial Aid, Student Accounts, and Associate Vice President of Student Life

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