

PARENTAL AFFIDAVIT FOR ACADEMIC INFORMATION

(Name Of Parent – Please print)

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

(Telephone Number)

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 Admissions & Records Office at Folsom Lake College.

Please check applicable box:

1. I, _____, certify that
(Name)

(Please print full name of student) (Student ID Number)
is claimed on my Federal Income Tax form as my dependent.

2. I am the parent of _____
(Please print full name of student) (Student ID Number)
who is currently being claimed by _____ (Must be
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 available to you. If the student is not being claimed, do not return this form.

I hereby request the following document(s) – PLEASE SPECIFY DOCUMENT AND SEMESTER

Please indicate purpose of request: _____

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

(Please sign) (Date)

OFFICE USE ONLY:

- ID of parent verified
 - Federal Income Tax Return & dependent status of student verified
 - Letter of notification sent to student – Date Sent _____
- Date _____ Initials _____