

Student Conduct & Community Standards Authorization to Release Information to Parents

Student's First Name	Middle Initial	Last Name
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Permanent Street Address	City	State	Zip Code
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Student ID # _____

Under the Family Educational Rights and Privacy Act (FERPA), **The University of Akron** 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:

- Yes. I certify that my parents claim me as a dependent for federal income tax purposes.
- No. I certify that my parents do not claim me as a dependent for federal income tax purposes.

Signature: _____ Date: _____

If you are not claimed as a dependent or you do not know whether you are claimed as a dependent for federal income tax purposes, but you agree that **The University of Akron** may disclose information from your education records to your parents, please sign the following consent:

I consent to the disclosure of any personally identifiable information from my education records, which includes my conduct record to my parent(s), for reasons determined by the The University of Akron as appropriate. This authorization will remain in effect for one year from the date it was signed.*

Signature: _____ Date: _____

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

1. _____ Name(s) _____ Address _____ City, State, Zip _____ Telephone	2. _____ Name(s) _____ Address _____ City, State, Zip _____ Telephone
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* Students cannot be denied any educational services from The University of Akron if they refuse to provide consent.