

## Student Permission for Parental Access to Student Records

At the post-secondary level, according to the Family Educational Rights and Privacy Act of 1974 (FERPA) and college policy, no inherent rights are given to parents to inspect your education records. Education records can be released to your parents with your written consent, **OR** by submission of evidence you are declared as a dependent on their most recent Federal Income Tax return.

This form gives you the opportunity to give written consent to allow your parents access to your education records, without submitting your parent's tax forms.

By signing this form, you agree that College personnel may provide any information from your educational record, beyond that considered directory information\*, to your parents. A notation of this approval will be entered on the Student Information System. It will remain on your record and allow us to release information to your parents, even when you are no longer listed as a dependent up on your parent's income tax return, or you have graduated or left the College, unless you revoke this permission.

\*Unless you have restricted the College from releasing directory information, the College can provide information regarding name, parents' names, address, telephone numbers, date and place of birth, major field of study, participation in officially recognized activities, dates of attendance, degrees and awards received, most recent previous schools or institutions, and photographs.

## DIRECTIONS(for on-line computer form):

1.PLEASE fill in <u>student information</u> AND complete <u>ONE</u> of the sections <u>(1, 2, or 3)</u> below to authorize privacy requirements

STUDENT

The student must complete this section.

PARENT

The parent/legal guardian must complete this section.

2.WHEN COMPLETE, PRINT OUT THE FORM

3.PLEASE SIGN AND RETURN THE FORM ALONG WITH A COPY OF THE MOST RECENT FEDERAL INCOME TAX FORM(if applicable) TO THE CENTER FOR STUDENT SERVICES

4.OR, MAIL IN THE FORM(s) TO: CENTER FOR STUDENT SERVICES, MARYMOUNT MANHATTAN COLLEGE, 221 E. 71 ST. NEW YORK, NY 10021

## student information

social security number	
last name	
FIRST NAME	

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## SECTION 1) permission to release information

STUDENT

Date

I authorize Marymount Manhattan College to release information from my student records to the following individual(s):

	RELATIONSHIP TO STUDENT
PARENT'S FULL NAME	IF OTHER, PLEASE SPECIFY
	RELATIONSHIP TO STUDENT
PARENT'S FULL NAME	IF OTHER, PLEASE SPECIFY
student's signature	date
SECTION 2) request to restrict information  I hereby request that Marymount Manhattan College refrain from rele	STUDENT asing information beyond that considered directory information
contained in my student records to the following individual(s):	asing information beyond that considered directory information
	RELATIONSHIP TO STUDENT
PARENT'S FULL NAME	IF OTHER, PLEASE SPECIFY
	RELATIONSHIP TO STUDENT
PARENT'S FULL NAME	IF OTHER, PLEASE SPECIFY
student's signature	date
SECTION 3) request to receive non-directory information of a de-	pendent student PARENT
I hereby request that Marymount Manhattan College release information dependent student's records. I have supplied the first two pages of my selegal dependency (*Only required if dependent student does not contain the contained of the contained	most recent Federal Income Tax Return* to validate the student's
parent/guardian info social security number	
last name	
FIRST NAME	
mi	

Parent/Guardian Signature