



1701 North State Street, Campus Box 150436
 Jackson, MS 39210-0001
 Web: www.millsaps.edu/records
 Email: records@millsaps.edu
 Office: Academic Complex, Room 142
 Phone: 601-974-1120
 Fax: 601-974-1114

STUDENT DEPENDENT STATUS/CONSENT TO DISCLOSURE OF EDUCATION RECORDS

Section I. Under the *Family Educational Rights and Privacy Act (FERPA)* of 1974, as amended, Millsaps College is permitted to disclose information from your education records to your parent(s) or legal guardian(s) if they claim you as a dependent for federal income tax purposes. Please indicate whether or not your parents claim you as a tax dependent.

Student Information (Student <u>must</u> sign this form!)	Certification of Tax Status: (please check the appropriate answer below)
Name: _____ Student ID: _____ Signature: _____ Date: _____	Yes, I certify that my parent(s) or legal guardian(s) claim me as a dependent for federal income tax purposes. _____ No, I certify that my parent(s) or legal guardian(s) do not claim me as a dependent for federal income tax purposes. _____

Must be filled out completely!

Section II. If you checked "Yes" above, please provide your parent(s) or legal guardian(s) information below. If you checked "No" in Section I above, but you agree that Millsaps College may disclose information from your education records to your parent(s), legal guardian(s), spouse, or other family member, please indicate who we may disclose information to below. Your signature authorizes the release of information from your educational records to the individual(s) listed below.

Parent/Legal Guardian 1 Permanent Street Address

City / State / Zip Home Phone Cell Phone Relationship

Parent/Legal Guardian 2 Permanent Street Address

City / State / Zip Home Phone Cell Phone Relationship

Name(s) / All Names at the same address Permanent Street Address

City / State / Zip Home Phone Cell Phone Relationship

Name(s) / All Names at the same address Permanent Street Address

City / State / Zip Home Phone Cell Phone Relationship