



1701 North State Street, Campus Box 150436
 Jackson, MS 39210-0001
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 Office: Academic Complex, Room 142
 Phone: 601-974-1120

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 one answer below)
Name: _____	<input type="checkbox"/> Yes, I certify that my parent(s) or legal guardian(s) claim me as a dependent for federal income tax purposes.
Student ID: _____	<input type="checkbox"/> No, I certify that my parent(s) or legal guardian(s) do not claim me as a dependent for federal income tax purposes.
Signature: _____	
Date: _____	

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