



**Disclosure to Parents of Dependent Students
and Consent Form for Disclosure to Parents**

To: Registrar, Appalachian School of Law

From: _____
Student's First Name Middle Initial Last Name

Permanent Street Address City State Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), the **Appalachian School of Law** 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 **Appalachian School of Law** 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 to my parent(s), for reasons determined by the **Appalachian School of Law** as appropriate. This authorization will remain in effect for the _____ school year.

Signature: _____ Date: _____

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

1. _____	2. _____
Name(s)	Name(s)
_____	_____
Address	Address
_____	_____
City, State, Zip	City, State, Zip
_____	_____
Telephone	Telephone