

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



APPALACHIAN  
— SCHOOL OF LAW —  
OFFICE OF THE REGISTRAR

1169 Edgewater  
Drive Grundy, VA  
Fax: (276) 935-8261  
registrar@asl.edu

■ Please complete all fields clearly and accurately

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

Permanent Street Address :

City :  State :  ZIP :

Under the Family Educational Rights and Privacy Act (FERPA), the Appalachian School of Law is permitted to disclose information from your educational 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 of Student :

Date :

If you are not claimed as a dependent or you do not know whether you are claimed as a dependent for federal 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 of Student :

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