

NOTICE

This is a template only. This template must be compared to your existing administrative rule/exhibit on this topic before implementing it. No board adoption is required.

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MODEL FORM FOR DISCLOSURE TO PARENTS OF DEPENDENT STUDENTS

(To be completed by students 18+ years old)

To: **[Name of District]** Superintendent

From:

| | | |
|----------------------|----------------|----------------|
| Student's First Name | Middle Initial | Last Name |
| <hr/> | | |
| Street Address | City | State Zip Code |

Under the Family Educational Rights and Privacy Act (FERPA), the **[School District]** 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 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 |

End of **[Name of District]** Exhibit FGA-E6