



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

To: Registrar, Compton College

From: \_\_\_\_\_  
 Student's First Name                      Middle Initial                      Last Name

\_\_\_\_\_                      \_\_\_\_\_  
 Student ID#                      Date of Birth

Under the Family Educational Rights and Privacy Act (FERPA), Compton College 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 **Compton College** 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 Compton College as appropriate. This authorization will remain in effect until you submit a request to end or change this consent.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

List Parent/Guardian Name(s). *If parents live at the same address, please list both in # 1.*

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