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"Catch Your Dream Through a Superior Education"
Parents of Dependent Students & Consent Form for Disclosure to Parents

To: Registrar, Keweenaw Bay Ojibwa Community College

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 Keweenaw Bay Ojibwa Community 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.

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 Keweenaw Bay Ojibwa Community 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 the Keweenaw Bay Ojibwa Community College as appropriate. This authorization will remain in effect for the current school year. *

Signature: _____ Date: _____

List parents who may receive information. 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 Email

Telephone Email

***Students cannot be denied any educational services from KBOCC if they refuse to provide consent.**