



TO: _____ (Print Name of College of Charleston Department Maintaining Record)

FROM: _____ (Name of Parent(s) Requesting Information) _____ (Address and Telephone Number of Parent(s) Requesting Information)

The Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, is a Federal law that protects the privacy of student education records. FERPA requires that a student provide written consent for a disclosure of personally identifiable information from education records unless the circumstances meet one of the exceptions to the "prior written consent" rule that is specified in the law and its implementing regulations. Under those exceptions, as implemented by the College, the College may, at its sole discretion, disclose information from a student's education records without the student's written consent to Parents (the term "Parents" includes a natural parent, a guardian, or an individual acting as a parent in the absence of a parent or guardian) of a dependent student (as defined in section 152 of the Internal Revenue Code of 1986). The College is not obligated to nor will it disclose any financial information about one parent to the other parent. A copy of the Parent's most recent Federal tax return must be attached to and submitted with this verification/request form.

Identify the Dependent-Student ("Student"):

Student's Full Name: (print) _____

College ID Number (CWID): _____ Date of Birth (MM/DD/YYYY): _____

Initial the following:

_____ I/We certify that the above-named student is my/our dependent and that I/we claimed him/her as a dependent on a federal income tax return for the most recent Tax Year of _____. A copy of my/our federal income tax return for that year is attached. I/we also certify that we intend to claim the above-named student as a dependent on a federal income tax return for the current tax year. I/We understand a new form will need to be submitted on or before April 15 each year after the most recent federal income tax return is submitted.

_____ I/We further certify that I/we have never been arrested for domestic or family violence against the dependent-student; and that I/we am/are not aware of any court or administrative order, state or federal law or legally binding agreement that revokes or otherwise abrogates any right I/we may have as a Parent.

_____ I/We agree to indemnify the College of Charleston and its trustees, officers, agents, and employees from any and all claims and damages arising from the College's disclosure of information contained in the Student's education record that is made as a result of this Verification.

I/We hereby request the following record(s)/information from my dependent-Student's education records:

for the following purpose(s)

This form is continued on the next page.

READ BEFORE SIGNING: By completing and signing this form, you acknowledge your understanding that the information contained in this form will be used by the College of Charleston to determine your eligibility to receive records/information made confidential by federal law. You further acknowledge that you understand that it is a criminal offense under state and federal law to knowingly make a false entry in this form; to make, present, or use this form with knowledge of its falsity and with intent that it be taken as a genuine governmental record; and to make, present, or use this form with knowledge that the information provided by you is false.

(Signature of Requestor-Parent)

(Date)

(Signature of Requestor-Parent)

(Date)