

STEPHEN F. AUSTIN STATE UNIVERSITY

Office of the Registrar
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Nacogdoches, TX 75962-3050
Telephone #: (936) 468-2120
Fax #: (936) 468-7638

CERTIFICATION OF DEPENDENCY

Under federal legislation, The Family Educational Rights and Privacy Act of 1974, I understand that because my son or daughter is named as a dependent on my Federal Income Tax Return I am entitled to request that his/ her student records be released to me.

IN ACCORDANCE WITH THE ABOVE PROVISIONS, I CERTIFY THAT THE STUDENT LISTED BELOW BY NAME AND SOCIAL SECURITY NUMBER IS A DEPENDENT ON MY MOST RECENT FEDERAL INCOME TAX RETURN.

PRINT FULL NAME OF STUDENT

SOCIAL SECURITY NUMBER

DATE OF BIRTH

I HAVE ENCLOSED A COPY OF MY MOST RECENT FEDERAL INCOME TAX RETURN FOR VERIFICATION PURPOSES.

(Please note: Student records will not be released unless the income tax return is attached to this form.)

I am requesting that information sent by e-mail be sent to the address shown below.

PARENT OR GUARDIAN E-MAIL ADDRESS

I am requesting that information sent by mail be sent to the address shown below.

PARENT OR GUARDIAN SIGNATURE

DATE

STREET ADDRESS OR BOX NUMBER

CITY

STATE

ZIP CODE

CELL PHONE NUMBER OF REQUESTOR: _____

ALTERNATE PHONE NUMBER OF REQUESTOR: _____

NOTE: This form will be kept on file and may be reviewed by the student.