

# 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 non-confidential 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.