

STEPHEN F. AUSTIN STATE UNIVERSITY

Office of the Registrar
Box 13050, SFA Station
Nacogdoches, TX 75962-3050
Phone: (936) 468-2501

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.

STUDENT'S LEGAL NAME

STUDENT'S SSN

STUDENT'S BIRTHDAY

A COPY OF YOUR MOST RECENT FEDERAL INCOME TAX RETURN MUST BE SUBMITTED WITH THIS FORM FOR VERIFICATION PURPOSES.

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

I am requesting that non-confidential information sent by email be sent to the address shown below.

PARENT/GUARDIAN'S EMAIL ADDRESS

PARENT/GUARDIAN'S PHONE NUMBER

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

PARENT/GUARDIAN'S LEGAL NAME

PARENT/GUARDIAN'S CURRENT ADDRESS

CITY

STATE

ZIP CODE

Parent/Guardian's Signature: _____ Date: _____

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