



## Consent Form for Disclosure to Parents of Dependent Students

To: PRECOLLEGE 2017  
Ringling College of Art and Design

From: \_\_\_\_\_

Student's Last Name	First Name	Middle Initial	
Permanent Street Address		City	State Zip Code

Under the Family Education Rights and Privacy Act (FERPA), Ringling College of Art and Design 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 tax purposes.
- No, I certify that my parents do not claim me as a dependent for federal tax purposes.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are NOT claimed as a dependent, please sign below to grant your permission for Ringling College of Art and Design to disclose information from your education records to your parents.

I consent to the disclosure of any personally identifiable information from my education records to my parent(s), for reasons determined appropriate by Ringling College of Art and Design. This authorization will remain in effect for the duration of PreCollege 2017.\*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Students cannot be denied any education service from Ringling College of Art and Design if they refuse to provide consent.*

If parents live at the same address, please list BOTH parents in the first column; otherwise provide both addresses separately:

_____ Name(s)	_____ Name(s)
_____ Address	_____ Address
_____ City, State, Zip Code	_____ City, State, Zip Code
_____ Telephone	_____ Telephone