

AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION (FERPA)

Completed forms may be submitted to the Office of the Registrar in person at Adrian 108, or may be signed, scanned, and emailed from the requestor's BARRY EMAIL. Faxed and non-Barry email submissions will be verified by phone using the student's phone number on file.

Student Name _____ Student ID Number _____
(Required)

Under the Family Educational Rights and Privacy Act (FERPA), Barry University 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. The term "parent" includes natural parent, guardian, or individual acting as a parent in the absence of a natural parent or guardian. 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 income tax purposes.

Name of Parent/Guardian	Relationship to Student	Parent/Guardian Email Address
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No. I certify that my parents **do not claim me as a dependent** for federal income tax purposes. I am NOT claimed as a dependent for federal income tax purposes, but I agree that Barry University may disclose information from my educational and financial records to the person(s) I designate below:

Name of Designee	Relationship to Student	Designee Email Address
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Name of Designee	Relationship to Student	Designee Email Address
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No. I certify that my parents **do not claim me as a dependent** for federal income tax purposes. **I do not wish to release my educational or financial records to anyone at this time.** I understand that Barry University will NOT be able to provide any financial or educational information to anyone but myself.

I have read and understand the above and I recognize that consent or non consent as established in this document shall remain in effect until revoked by me in writing.

Student's Signature	Student's Name (Print)	Date
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(must print and sign prior to submitting)