

UNIVERSITY of NORTH TEXAS

Center for Student Rights and Responsibilities

University Union, Suite 324 • P.O. Box 305008 • Denton, Texas 76203-5358
(940) 565-2039 • Fax (940) 369-8440 • www.unt.edu/csrr

PARENTAL AFFIDAVIT FOR ACADEMIC INFORMATION

To: The Center for Student Rights and Responsibilities

From: _____
(Name)

(Address) (City) (State) (Zip)

Under Federal legislation, the "Family Educational Rights and Privacy Act of 1974," and based on the applicable information below, I understand I am entitled to request certain student data, such as discipline records under the custody of the Center for Student Rights and Responsibilities.

Please complete **one** of the following:

1. As of this date, I, _____, certify that
(Name)

_____, _____, is claimed on a
(Please print full name of student) (Social Security Number)

Federal Income Tax form as my dependent.

2. I am the parent of _____, _____, who is
(Please print full name of student) (Social Security Number)

currently being claimed by _____.
(Name of person claiming student for Federal Income Tax)

Please indicate person's relationship to student: _____

(Must be completed if #2 is chosen)

Note: The above mentioned student must be carried as a legal dependent on the Internal Revenue Service form. If box 1 or 2 does not apply, the only way you can receive this type of information is for the student to request in writing that academic information be sent to you. If the student is not being claimed, do not return this form.

I hereby request the following document(s) [**Please Specify Document, Semester and Year**]:

I understand that I must make this request for this information each time it is needed.

(Please sign)

(Date)