GGC FERPA Disclosure Notice to Students

To: Registrar
Georgia Gwinnett College

From:

Student's First Name    Middle Initial  Last Name    Student ID Number

Permanent Street Address    City  State Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), Georgia Gwinnett College is permitted to disclose information from your education records to your parents/guardian, if your parent(s)/guardian claim you as a dependent for federal tax purposes. Please indicate whether your parent(s)/guardian claim you as a tax dependent. Please check the appropriate box:

☐ Yes. I certify that my parent(s)/guardian claim me as a dependent for federal income tax purposes.

☐ No. I certify that my parent(s)/guardian do not claim me as a dependent for federal income tax purposes.

☐ As a non-dependent student, I do wish to provide my parent(s)/guardians or designated individuals below with access to my educational record.

Signature: ___________________________ Date: ___________________________

*Witnessed and signed by student in the presence of the Registrar or designated college official. If parents live at the same address, please list both in #1.

1. Name(s) ____________________________
   Address ____________________________
   City, State, Zip ____________________________ Telephone ____________

2. Name(s) ____________________________
   Address ____________________________
   City, State, Zip ____________________________ Telephone ____________

☐ I further certify that in addition to the educational records available under FERPA to parent(s)/guardian who claim a student as a dependent, I wish to voluntarily extend access to other information concerning me to my parents and/or the individual(s) noted below. Please provide access to educational records and other information, including but not limited to information concerning my health/medical status, school activities, and/or other information campus officials may have concerning me without limitation to:

Name(s) and Relationship ____________________________
Address ____________________________
City, State, Zip ____________________________ Telephone ____________