



**Georgia Gwinnett**  
COLLEGE

### GGC FERPA Parental Disclosure Notice to Dependent Students

To: Registrar  
Georgia Gwinnett College

From:

\_\_\_\_\_  
Student's First Name      Middle Initial      Last Name

\_\_\_\_\_  
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, 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 income tax purposes.

If yes, I further certify that in addition to the educational records available to parents who claim a student as a dependent under FERPA, I do not / I do wish to extend parental access to information concerning me beyond those rights available under FERPA, 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.

No. I certify that my parents do not claim me as a dependent for federal income tax purposes.

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:*

1. Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

2. Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_