Georgia Gwinnett
COLLEGE

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 <u>student</u> 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 _____