

**SALT LAKE COMMUNITY COLLEGE
ENROLLMENT SERVICES
PARENTAL AFFIDAVIT FOR ACADEMIC INFORMATION**

To: SLCC Enrollment Services

From: _____
(Name)

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

Under Federal legislation, namely the "Family Educational Rights and Privacy Act of 1974" and based on the information below, I understand I am entitled to request certain student record information under the custody of the Registrar at Salt Lake Community College.

I, _____, certify that
(Name)

(Please print full name of student) (Student Id Number)

is claimed on my Federal Income Tax form as my dependent.

Please indicate relationship to the student: _____
(Name of person claiming for Federal Income Tax)

Note: The above mentioned student must be carried as a legal dependent on the internal Revenue Service form. If this 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.

A copy of the Federal Income Tax form must accompany this request.

I hereby request the following document(s) [PLEASE SPECIFY DOCUMENT AND SEMESTER]

Please indicate purpose of request: _____

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

(Please sign) (Date)

NOTE: FERPA privacy and disclosure rights are assigned to the student. Only the student can authorize the release on non-directory information contained in the student's education records unless specific exceptions exist as outline in FERPA.