



Disclosure to Parents of Dependent Students and Consent Form for Disclosure to Parents

To: Registrar, BEULAH HEIGHTS UNIVERSITY

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), **Beulah Heights University** is permitted to disclose information from your education records to your parent(s), if your parent(s) claim you as a dependent for federal tax purposes. Please indicate whether your parent(s) claim you as a tax dependent by checking the appropriate box below.

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

Signature: _____ Date: _____

If you are not claimed as a dependent or you do not know whether you are claimed as a dependent for federal income tax purposes, but you agree that **Beulah Heights University** may disclose information from your education records to your parents, please sign the following consent:

I consent to the disclosure of any personally identifiable information from my education records to my parent(s), for reasons determined by Beulah Heights University as appropriate. This authorization will remain in effect for the duration of your enrollment with Beulah Heights University unless otherwise instructed. If you are permitting disclosure only for a specific time period other than what is outlined within this document, state here: ___/___/___ through ___/___/___ / *Initial here* _____.

Signature: _____ Date: _____

If parents live at the same address, please list both in # 1.

1. _____	2. _____
Name(s)	Name(s)
_____	_____
Address	Address
_____	_____
City, State, Zip	City, State, Zip
_____	_____
Telephone	Telephone

**Students will not be denied any educational services from Beulah Heights University if they refuse to provide consent.*