

**Morrisville State College**  
**Consent to Release Student Educational Records**  
**Authorization Form**

Under the Family Educational Rights and Privacy Act (FERPA), Morrisville State College is permitted to disclose information from your education records to your parents (guardian), 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.
- No. I certify that my parents do not claim me as a dependent for federal income tax purposes.

Print Name: \_\_\_\_\_ M# \_\_\_\_\_

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 Morrisville State College 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 the Morrisville State College as appropriate. This authorization will remain in effect unless I notify the college in writing.

Print Name: \_\_\_\_\_ M# \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If parents live at the same address, please list both in # 1. The specified information will be made available only if requested by the authorized third party; that person must be able to provide identifying information when requested.*

#1

#2

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Relationship      4 Digit Pin Code

\_\_\_\_\_  
Relationship      4 Digit Pin Code

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

*\*Students cannot be denied any educational services from Morrisville State College if they refuse to provide consent.*

**Return Completed form to:**  
**Registrar's Office**  
**Morrisville State College**  
**PO Box 901**  
**Morrisville, NY 13408**  
**Fax: (315) 684.6421**