



**Family Education Rights and Privacy Act Waiver  
Consent to Disclose Student Educational Records/Data**

To: (Name) \_\_\_\_\_  
(Office) \_\_\_\_\_  
Hostos Community 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), the \_\_\_\_\_ Office is permitted to disclose information from your education records to your parent(s) or legal guardian(s) if your parent(s) or legal guardian(s) 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.
- I am unsure of my federal tax dependency status.

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 **Hostos Community College** may disclose information from your education records to your parent(s) or legal guardian(s), please sign the following consent:

I consent to the disclosure of any personally identifiable information from my education records to my parent(s) or legal guardian(s), identified on the back of this paper, for reasons determined by the office listed above at Hostos Community College as appropriate<sup>†</sup>. This authorization:

- Is to continue in perpetuity, meaning future consent does not need to be requested.
- Is specific to the following date: \_\_\_\_\_ (MM/DD/YYYY)  
This FERPA Release, regardless of duration, is granted for the following express purpose (e.g. academic advising, degree progress audit, general information):  
\_\_\_\_\_

\_\_\_\_\_  
*To amend purpose of the waiver, an additional waiver must be submitted.*

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

*Please list names of parent(s) or legal guardian(s) for which this waiver is to apply by the student on the back of this sheet.*

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

*†Students must make this waiver of their own accord, free from duress or coercion.*

*Please list each party being granted release below:*

1. \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature of Party 1 Granted FERPA Release

2. \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature of Party 2 Granted FERPA Release