



Disclosure to Parents of Dependent Students

Student's First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Under the Family Educational Rights and Privacy Act (FERPA), Dakota Adventist Academy is permitted to disclose information from your education records to your parents if your parents (or one of your parents) if you are under 18 or if they claim you as a dependent for federal tax purposes. If you will turn 18 this school year, please indicate whether your parents claim you as a tax dependent.

Please check the appropriate box:

- Yes. I certify that my parent 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 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