

Staff Only

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Processed by: \_\_\_\_\_



OFFICE OF ACADEMIC RECORDS

*FERPA Parent's Certification of Dependency*

Student's Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State and Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

The Family Education Rights and Privacy Act of 1974 provides privacy protection of a student's academic record and limits the release of such records without the student's consent. However, the Act further allows the University to disclose such records to parents or legal guardians if the student is a dependent as defined in Section 152 of the Internal Revenue Code of 1954. The Internal Revenue Service (IRS) requires a child who is a dependent to be: a) under the age of 24 and b) claimed on the parent's most recent federal income tax return.

**Parent's Declaration:** I certify that I am the parent/legal guardian of the named student in accordance with the legislation referred to above. I understand that this release shall be effective for one academic year ending in the spring and must be renewed annually to remain in effect. I release Houston Christian University, its Trustees, administrators, faculty, and staff from any and all liability for disclosing to me records and information relating to the aforementioned student.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

To enable the appropriate University officer to release to you the named student's academic records, PLEASE COMPLETE THIS FORM AND RETURN A PHOTOCOPY OF THE FIRST PAGE OF YOUR MOST RECENT FEDERAL INCOME TAX RETURN by mail to:

Houston Christian University  
Office of Academic Records  
7502 Fondren  
Houston, Texas 77074

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number