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 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.

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 [Postsecondary Institution] 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 [Postsecondary Institution] as appropriate. This authorization will remain in effect unless I

Signature: ___________________________ Date: ______________

*Students cannot be denied any educational services from the [Institution] 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