



**Disclosure to Parents of Dependent Students and Consent Form for Disclosure to Parents**

To: Registrar, Franklin W. Olin College of Engineering

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), Franklin W. Olin College of Engineering 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 **Franklin W. Olin College of Engineering** 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 Olin College as appropriate. This authorization will remain in effect for the school year in effect as of the date of the signature.\*

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

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

Received Date \_\_\_\_\_ Academic Year \_\_\_\_\_