

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



To: Registrar, San Francisco Bay University

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), SFBU 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 SFBU 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 SFBU as appropriate. This authorization will remain in effect for the 2024-2025 school year.*

Signature: _____ Date: _____

If parents live at the same address, please list both in # 1.

1. _____
Name(s)

Address

City, State, Zip

Telephone

2. _____
Name(s)

Address

City, State, Zip

Telephone

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