

PARENT DISCLOSURE FORM - FERPA

Please print clearly

Student Last Name: _____
Student First Name: _____
Student FSC ID#: _____

I/We hereby affirm that my/our son/daughter, currently enrolled at Fitchburg State College, is a dependent for tax purposes. I/We understand that Fitchburg State College may discuss grades and may disclose financial records and (in certain circumstances) other information concerning academic status, progress toward graduation, and extracurricular behavior to me/us.

Parent Name: _____
Parent Name: _____
Address: _____

City: _____ State: _____ Zip: _____
Telephone: (____) _____ Nation: _____

Parent Signature: _____ **Date:** _____
Parent Signature: _____ **Date:** _____

PLEASE RETURN THIS FORM TO:

Registrar's Office
Fitchburg State College
160 Pearl Street
Fitchburg, MA 01420
fax # 978-665-4151