



PARENTAL AFFIDAVIT OF DEPENDENCY *and* REQUEST FOR ACADEMIC INFORMATION

Randolph Community College
Office Of The Registrar

To: Registrar-Randolph Community College

From: _____
Name

Address City State Zip

Under Federal legislation, the "Family Educational Rights and Privacy Act of 1974," and based on the applicable box below, I understand that I am entitled to request certain student data, such as grades, dates of attendance, and other records under the custody of the Registrar at Randolph Community College.

Please complete the following:

I, _____, **certify that**
Name of Parent

Please print the FULL name of student Student ID Number

is claimed on my most recent Federal Income Tax form as my dependent. (Documentation may be required)

PLEASE NOTE:
If you are a parent or legal guardian of the above mentioned student **but cannot claim him/her on your most recent Federal Income Tax form**, the only way you can receive this type of information is for the **student** to complete a Student Consent for Release of Academic Records form requesting that academic information be provided to you.

This form is available in the Records and Registration Office located in Student Services.

There will be no automatic mailing of grades or other information by the Registrar to anyone other than the student without a written request.

I hereby request the following document(s) (PLEASE SPECIFY DOCUMENT AND SEMESTER):

Please indicate the purpose of the request: _____

I understand that I must make this request for information each time it is needed.

Signature Date