

Name of Student: _____ Student #/SSN: _____

Date: _____

Item(s) requested:

- | | |
|---|---|
| <input type="checkbox"/> 1. Copy of grade report | <input type="checkbox"/> 4. Copy of Financial Aid award information |
| <input type="checkbox"/> 2. Copy of class schedule | <input type="checkbox"/> 5. All student records above (1-4) |
| <input type="checkbox"/> 3. Copy of tuition bill and payments | <input type="checkbox"/> Other information (please specify) _____ |

Name and Address of Parents:

Father

Mother

Name: _____

Name: _____

Address: _____

Address: _____

City State Zip Code

City State Zip Code

Phone: (_____) _____
Area Code

Phone: (_____) _____
Area Code

The undersigned affirms and represents:

1. The undersigned is a parent or guardian of the above-named student.
2. The above-named student is a dependent student of the undersigned as such term is defined in Section 152 of the Internal Revenue Code of 1954. The student has been claimed by the undersigned as a dependent on the federal income tax return for the year in which this request is dated. **Please attach a copy of page one, with dollar figures covered, and the signature page with dollar figures covered.**
3. The undersigned will immediately notify the College if the student ceases to be a dependent of the undersigned.
4. The right to receive/review the education records of the student will terminate when the student is no longer a dependent student of the undersigned.
5. The undersigned agrees to keep the information disclosed to be confidential according to applicable legislation and regulations.

NOTE: The dependent student will be notified of this request and will be given 10 days notice before the College will respond to this request.

I hereby certify the foregoing to be true, knowing that Daytona State College will rely upon the statements made by me herein in furnishing the information which I have requested.

Signature: _____

Date: _____