

Consent for Disclosure of Education Records by Dependent Students

Student's First Name		Middle Initial		Last Name	
Permanent Street Address		City	State	Zip Code	
disclo you as	r the Family Educational Fose information from your s a dependent on his/her mying apply.	education records to	o your parents if ei	ther parent has claimed	
Requ	est for Disclosure:				
	Yes, I certify that my pa	Yes, I certify that my parents claim me as a dependent for federal tax purposes.			
	No, I certify that my parents do not claim me as a dependent for federal tax purposes, but I consent to the disclosure of any personally identifiable information from my education records to my parent(s), for reasons determined by NEOMED as appropriate.				
	I do not know whether or not either of my parents claim me as a dependent for federal income tax purposes, but I authorize NEOMED to disclose information from my education records to my parents(s).				
Signature:			Date:		
This c	consent for disclosure will	remain in effect for	r the 20 20 _	school year.	
If par	ents live at the same addr	ess, please list both	in #1.		
1.			2.		
· -	Parent Name(s)		Parent Na	me(s)	
	Parent Address		Parent Ad	ldress	
	City, State, Zip		City, State	e, Zip	
	Telephone		Telephone	e	