

Authorization for Access to Student Educational Records

Student's First Name	ivilddie initial	Last Nar	ne
Permanent Street Address	City	State	Zip Code
sonally identifiable information fr	hts and Privacy Act (FERPA), Western Ne om your educational records to your paro ts or guardians) claim you as a depende	ent(s) or legal guardian i	f your parent(s) or legal
records, financial records, educa This authorization will remain in e	nurpose includes grade records, class at tional progress assessments, and inform effect at all times during which I am a stu ng by me through filing of a form for this p	ation pertaining to citize Ident at Western New E	enship in the community. ngland University unless it
Please indicate whether your par	rent(s) claim you as a tax dependent. Ple	ase check the appropri	ate box:
Yes. I certify that my parent(s	s)/guardian(s) listed below claim me as a	dependent for federal in	ncome tax purposes.
No. I certify that my parent(s)/guardian(s) do not claim me as a depen	dent for federal income	tax purposes.
Unsure. I am not certain (see	information below)		
Signature	Date		
tax purposes, but you agree that	ndent or you do not know whether you are Western New England University may dissignated line as consent to release to the tion.	sclose certain informatio	on to your parents/
Signature		Date	
If parent(s)/guardian(s) live at the	e same address, please list both in #1. U	se first and last name(s	l
1.	2.		
Name(s)	Name	(s)	
Address	Addre	ss	
City, State, Zip	City, S	City, State, Zip	
Telephone	 Teleph	none	