

GGC FERPA Disclosure Notice to Students

To:	Registrar Georgia Gwinnett College						
From	:						
	Student's First N	ame N	Middle Initial	Las	t Name	Student ID Number	
	Permanent Stree	t Address	s City S	tate	Zip Code		
permit parent	tted to disclose inf t(s)/guardian clain	ormation n you as a	from your ed a dependent f	ucation or fede	records teral tax pu	Georgia Gwinnett College is o your parents/guardian, if your rposes. Please indicate whether theck the appropriate box:	
	Yes. I certify that my parent(s)/guardian claim me as a dependent for federal income tax purposes.						
	No. I certify that my parent(s)/guardian do not claim me as a dependent for federal income tax purposes.						
_	As a non-dependent student, I do wish to provide my parent(s)/guardians or designated individuals below with access to my educational record.						
Signat	ture:		Date:				
officia	I. If parents live a					trar or designated college #1.	
1. Na	me(s)						
City, State, Zip		Telephone					
2. Na	ma(s)						
Addre	• • •						
City, State, Zip			Telephone				
access Please inform	parent(s)/guardiar s to other informat e provide access to	n who clai ion conce education ny health	m a student a rning me to r nal records ar /medical stat	as a de ny par nd othe us, sch	ependent, l ents and/c er informat nool activit	s available under FERPA to I wish to voluntarily extend or the individual(s) noted below tion, including but not limited to ies, and/or other information	
Name	(s) and Relationsh	ip					
Addres	SS						
City, S	State, Zip					_Telephone	