



Office of the University Registrar
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 www.bowiestate.edu

Bowie State University
 Office of the Registrar

STUDENT CONSENT FOR ACCESS TO EDUCATION RECORD

STUDENT INFORMATION

_____	_____	_____
LAST NAME	FIRST NAME	STUDENT ID #
_____	_____	
CONTACT #	EMAIL ADDRESS	

Under the Family Educational Rights and Privacy Act (FERPA), Bowie State University is permitted to disclose information from your education records to your parent if, one of your parents claim you as a dependent for federal tax purposes. Please indicate whether your parents claims you as a tax dependent.

Please click the appropriate answer:

- Yes. I certify that my parents claim me as a dependent for federal income tax purposes.
- No. I certify that my parents do not claim me as a dependent for federal income tax purpose.

If you are not claimed as a dependent or you do not know whether you are claimed as a dependent for federal income tax purposes, but you agree that Bowie State University may disclose information from your education records to your parents please sign the following consent.

I consent to the disclosure of any personally identifiable information from my education records to a **third party, including parents or guardian(s)**, for reasons determined by Bowie State University as appropriate.

INDIVIDUAL TO RELEASE INFORMATION TO (You may add more than one. Enter all of the contact information for each below.)

LAST NAME	FIRST NAME	CONTACT #	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This authorization is valid until canceled. The student may cancel this release at any time by submitting another FERPA form to Bowie State University, Office of the Registrar.

To release your FERPA hold please check the box below:

	CANCEL PREVIOUS RELEASE	<i>Cancels any previous request.</i>
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_____	_____
STUDENT SIGNATURE	DATE