

OAKLAND CITY UNIVERSITY FERPA RELEASE FORM

Student's First Name	Middle Initial	Last Name	
Street Address	City	State	Zip

Under the Family Education Rights and Privacy Act (FERPA), **Oakland City University** is permitted to disclose information from your educational records to your parents, if your parents (or one of your parents) claim you as a dependent for federal tax purposes. Please indicate whether your parents claim you as a tax dependent.

Please check the appropriate box:

- 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 purposes.

Signature _____ Date _____

PARENT INFORMATION:

If parents live at the same address, please list both in #1.

1. _____ Name	2. _____ Name
_____ Address	_____ Address
_____ City, State and Zip Code	_____ City, State and Zip Code
_____ Telephone	_____ Telephone

PLEASE READ AND SIGN: I, _____, authorize Oakland City University to release any information concerning my student file, student account, housing, financial aid received/pending, or loans that have been/will be disbursed to me, to the following listed persons:

_____ Parent(s), Grandparent(s), Spouse, Guardian or Other	_____ Parent(s), Grandparent(s), Spouse, Guardian or Other
_____ Student Signature	_____ Witness Signature
_____ Date	_____ Date

Yellow Copy for Student to Retain for Records
White Copy to be Mailed to Oakland City University in Envelope Provided
All Requests for Changes/Updates to This Form MUST be in Writing

Oakland City University
138 N. Lucretia Street
Oakland City, IN 47660-1038