



PARENT VERIFICATION OF STUDENT DEPENDENCY AND REQUEST FOR STUDENT RECORDS/INFORMATION FORM

The Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, is a federal law that protects the privacy of student education records. FERPA requires that a student provide written consent for disclosure of student records or information to a parent or guardian unless the circumstances meet one of the exceptions to the "prior written consent" rule that is specified in the law and its implementing regulations. Under one of those exceptions, Vincennes University may, at its sole discretion, disclose information from a student's education record without the student's prior consent to a parent or guardian upon proof that the student is a tax dependent on their most recent federal tax return. Vincennes University is not obligated to, nor will it, disclose any financial information about one parent or guardian to another. **A copy of the parent or guardian's most recent federal tax return* must be submitted with this verification/request form.**

Student's Full Name (Please Print): _____

Student's Date of Birth: _____ Student's Social Security Number: _____

Printed name of parent or guardian requesting information _____ Telephone Number _____

Street Address _____ City _____ State _____ Zip _____

Check ONE of the following:

- I certify that I, as the parent or guardian listed above, claimed the student as my dependent on my most recent federal income tax return.
- I certify that I am a parent of the student listed above and the student is currently being claimed on the most recent federal income tax return by the individual listed below, who is also a parent or guardian of the student.

Printed name of parent/guardian claiming student as a dependent (if different than above) _____ Telephone Number _____

Street Address _____ City _____ State _____ Zip _____

I further certify that I have never been arrested for domestic or family violence against the dependent-student; and that I am not aware of any court or administrative order, state or federal law or legally binding agreement that revokes or otherwise abrogates any right I may have as a parent or guardian.

I agree to indemnify Vincennes University and its trustees, officers, and employees from any and all claims and damages arising from Vincennes University's disclosure of information contained in the student's education record that is made as a result of this verification.

I hereby request the following records/information from my dependent-student's education records for the following purpose:

READ BEFORE SIGNING: By completing and signing this form, you acknowledge your understanding that the information contained in this form will be used by Vincennes University to determine your eligibility to receive records/information made confidential by federal law. You further acknowledge that you understand that it is a criminal offense under state and federal law to knowingly make a false entry in this form; to make, present, or use this form with knowledge of its falsity and with intent that it be taken as a genuine governmental record; and to make, present, or use this form with knowledge that the information provided by you is false.

Signature of parent or guardian requesting information _____

Date _____

* Most recent federal income tax return is the return filed for the tax year immediately preceding the academic semester during which this request for records/information is submitted. The parent may redact all financial and other unnecessary information that appears on the tax return, as long as the tax return clearly shows the parent's or parents' names, the fact that the student is claimed as a dependent, and the fully executed signature section on the return.

PLEASE MAIL COMPLETED FORM TO: Vincennes University, Project EXCEL, 1002 North First Street, Vincennes, IN 47591