



## Disclosure to Parents of Dependent Students and Consent Form for Disclosure to Parents

To: Office of Education, Nell Hodgson Woodruff School of Nursing, Emory University

From:

Student's First Name

Middle Initial

Last Name

Permanent Street Address

City

State

Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), the **Nell Hodgson Woodruff School of Nursing and Emory University** is permitted to disclose information from your education 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: \_\_\_\_\_

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 the **Nell Hodgson Woodruff School of Nursing and Emory 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 my parent(s), for reasons determined by the Nell Hodgson Woodruff School of Nursing and Emory University as appropriate. This authorization will remain in effect for the [2023-2024] school year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

1. \_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

2. \_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone