

# PARENTAL VERIFICATION OF STUDENT DEPENDENCY

(You must complete this form each time information is requested)

TO: \_\_\_\_\_

(Print Name of University Department Maintaining Record)

FROM: \_\_\_\_\_

(Name of Parent or Guardian Requesting Information)

\_\_\_\_\_  
(Address of Parent or Guardian Requesting Information)

The Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232 et seq., allows the University of North Texas to disclose information from the educational records of a dependent student, as defined in section 152 of the Internal Revenue Code of 1986, to his or her parents, without the student's written consent. The term "parent" includes a natural parent, guardian, or individual acting as a parent in the absence of a natural parent or guardian. The university may disclose information about a dependent student when it has reasonable assurance that the student meets the requirements as a dependent for tax purposes and the university is not aware of a court order, State statute, or legally binding document relating to such matters as divorce, separation, or custody that specifically revoke or otherwise abrogate the rights of the parent(s).

I, \_\_\_\_\_, certify that I am the parent, guardian or individual

(Print Full Name of Parent)

acting as a parent of \_\_\_\_\_, ( \_\_\_\_\_ ), a student

(Print Full Name of Student)

(Student Identification Number)

enrolled at the University of North Texas. I further certify that I claimed the above-named student as a dependent on my Federal Income Tax form for the most recent personal income tax-filing period; that the student currently is my dependent (as defined by section 152 of the Internal Revenue Code of 1986); that I have not been arrested for domestic or family violence against the dependent-student; and that I am not aware of any court order, state law or legally binding document that revokes or otherwise abrogates any rights I may have as a parent, guardian or individual serving as a guardian to the student.

I hereby request the following information from my dependent-student's educational records (Please specify the document(s)/information requested. Include the specific semester if doing so will assist in locating the document(s)/information):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**READ BEFORE SIGNING:** State law and university policy, with limited exceptions, allow you to be informed of information the University collects about you, to review and obtain the information on this form and to correct any information you believe is incorrect. By completing and signing this form, you acknowledge understanding that the information contained in this form will be used by the University of North Texas to determine your eligibility to receive information made confidential by federal law and that this form is a governmental record. You further acknowledge that you understand it is a criminal offense under the Texas Penal Code 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 Requestor-Parent)

\_\_\_\_\_  
(Date)