



ABRAHAM BALDWIN AGRICULTURAL COLLEGE

Registrar's Office

ABAC 7, 2802 Moore Highway Tifton, Georgia 31793-2601
229-391-5007 • Fax 229-391-5002
www.abac.edu

PARENTAL APPLICATION FOR ACCESS TO DEPENDENT STUDENT ACADEMIC RECORDS

Under the *Family Education Rights and Privacy Act of 1974* (FERPA), release of a student's academic records to any third party without the student's written consent is prohibited. One exception to this is for parents of students with federal income tax dependent status. In such cases, parents, upon providing documentation that the student is claimed as a dependent on the most recent year's federal income tax return, have rights of access to the student's academic records.

Submission of this form with required supporting documents allows the **parent(s) whose signature appears below** to request, in writing, a copy of the student's official transcript from the date of approval until the next tax filing due date (April 15). At that time the parent must submit a copy of the new tax return and sign a new 'Parental Application for Access' form to continue to request a copy of the student's transcript. The Registrar's Office does not possess academic records pertaining to class attendance or performance for any term actively in session at the time of the request. No information will be given out via telephone.

Dependent Student Information:

Student's Full Name _____

Last four digits of student SSN _____ Date of Birth _____

The student indicated above is named as a dependent on my current year federal income tax return. The required documentation is provided as follows:

- A **signed copy** of the most recent year's IRS Form 1040 (pages 1 and 2) or equivalent is attached to this form.
- A **signed copy** of this year's tax forms is on file in the ABAC Financial Aid office.

Signature of Parent

Date

Signature of Parent

Date

Registrar's Office use Only: (Ensure documents are complete, to include pages 1 and 2 of the most recent year's IRS Form 1040 or equivalent, as well as the signature(s) of parent(s) signing this form.)

Signature of person receiving documents

Date

April 15,

Date Authorization expires

Signature of person granting final approval

Date