

TEXAS SOUTHERN UNIVERSITY

OFFICE OF ENROLLMENT SERVICES/REGISTRAR

3100 Cleburne Street ~ Houston, Texas 77004

713-313-701~ Fax: 713-313-7471

PARENTAL AFFIDAVIT FOR ACADEMIC INFORMATION

Parent Name: _____ Contact Number: _____

Address: _____

Under Federal legislation, the "Family Educational Rights and Privacy Act of 1974," and based on the applicable box below, I understand I am entitled to request certain student data, such as grades, dates of attendance, and other records under the custody of the Registrar at Southern Arkansas University Tech.

Check applicable box: **Please Print Full Names Below**

1. I (Parent Name), _____, certify that (Student Name and T Number) _____, is claimed on my Federal Income Tax form as my dependent.

2. I am the parent of (Student Name and T Number) _____
Who is currently being claimed by _____
(Name of person claiming for Federal Income Tax)

If Box #2 is checked.) Please indicate person's relationship to student: _____

Note: The above mentioned student must be carried as a legal dependent on the Internal Revenue Service form. If Box 1 or 2 does not apply, the only way you can receive this type of information is for the student to request in writing that academic information be sent to you. If the student is not being claimed, do not return this form. There will be no automatic mailing of grades or other information by the Registrar to anyone other than the student without a written request...

I hereby request the following document(s) be discussed with above authorized person.

[PLEASE SPECIFY DOCUMENT AND SEMESTER]:

Example: Academic Records for Academic Year _____

I understand that I must submit this request for information each time it is needed.

Student Signature

Student T Number

Date