

Office of the University Registrar

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www.bowiestate.edu

Bowie State University Office of the Registrar

STUDENT CONSENT FOR ACCESS TO EDUCATION RECORD

Under the Family Educational Rights and Privacy Act (FERPA), Bowie State University is permitted to disclose inform your education records to your parent if one of your parents claims you as a dependent for federal tax purposes. P whether your parent(s) claims you as a tax dependent. Please click the appropriate answer: 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 purpose. 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 Bowie State University may disclose information from your education records to your please sign the following consent. I consent to the disclosure of any personally identifiable information from my education records to a third party, in parents or guardian(s), for reasons determined by Bowie State University as appropriate. INDIVIDUAL TO RELEASE INFORMATION TO (You may add more than one. Enter all of the contact information for each below LAST NAME FIRST NAME CONTACT # RELATIONSHIP This authorization is valid until canceled. The student may cancel this release at any time by submitting another FERPA form to				
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