



PARENT/GUARDIAN REQUEST FOR RELEASE OF STUDENT INFORMATION OF DEPENDENT STUDENT

Raider Connect 3640 Colonel Glenn Hwy. Dayton, OH 45435-0001 (937) 775-4000 FAX: (937) 775-4410 RaiderConnect@wright.edu

I am requesting the following information of: (please print)

Name of Student: \_\_\_\_\_ UID: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate by initialing below all information you are requesting:

\_\_\_\_ All information contained in above named student's file except official academic transcripts and those from other institutions

\_\_\_\_ Grades only

\_\_\_\_ Disciplinary Records

\_\_\_\_ Other: \_\_\_\_\_

This information may be transmitted by mail or in person. A new authorization form must be completed each calendar year to verify eligibility.

I have claimed and will continue to claim the above student, who has received at least one-half of his or her support from me during the current taxable year, as a dependent pursuant to Section 152, Title 26, U.S. Code. I have provided a copy of my most recent Federal Income Tax form, which shows the above named student as my dependent. I have provided photo identification for myself.

This form may be used to obtain only educational records as defined by FERPA. Medical, psychological and police records are not educational records according to FERPA: therefore, this form cannot be used to obtain records in the following offices: Student Health Services, Psychological Services or Wright State Police Department.

Signature Of Requesting Individual

Typed Or Printed Name

Requestor's Address

Relationship To Student

Requestor's City, State, Zip

Phone

Notary Certification required unless form is presented in person at the Office of the Registrar.

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Before me, a Notary Public, in and for the said state, personally appeared \_\_\_\_\_

Print Name

who acknowledged the signing thereof to be his/her voluntary act and deed for the uses and purposes therein.

Sworn to me and signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Affix notary Seal

My Commission expires \_\_\_\_\_

Notary Signature

Print Name or stamp

Table with 4 columns: OFFICE USE ONLY, Campus Forwarding, Staff Initials, Date Processed