

PARENT DISCLOSURE FORM - FERPA

Please print clearly

Student Last Name: _____
Student First Name: _____
Student Clark ID#: _____

I/We hereby affirm that my/our son/daughter, currently enrolled at Clark University, is a dependent for tax purposes. I/We understand that Clark University may discuss grades and may disclose financial records and (in certain circumstances) other information concerning academic status, progress toward graduation, and extracurricular behavior to me/us.

Parent Name: _____

Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Nation: _____

Parent Signature: _____

Date:

Parent Signature: _____

Date:

PLEASE RETURN THIS FORM TO:

Registrar's Office

Clark University

950 Main Street

Worcester, MA 01610

fax # 508-793-7548