

Disclosure to Parents of Dependent Students and Consent Form for Disclosure to Parents

Student's Name (print)	D.O.B	Telephone	
Permanent Street Address	City	ST	Zip

Under the Family Educational Rights and Privacy Act (FERPA), **Mississippi State University's John C. Longest Student Health Center** is permitted to disclose information from your education records (i.e. medical records) to your parents if your parents (or one of your parents) claim you as a dependent for federal tax purposes. Please indicate whether your parents claim you as a tax dependent.

Please check the appropriate box:

- 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 purposes.

Signature: _____ Date: _____

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 **Mississippi State University's John C. Longest Student Health Center** may disclose information from your education records (i.e. medical record) to your parents, please sign the following consent:

I consent to the disclosure of any personally identifiable information from my education records (i.e. medical records) to my parent(s), for reasons determined by **Mississippi State University's John C. Longest Student Health Center** as appropriate. This authorization will remain in effect until _____ and covers dates of service _____ - _____.

Signature: _____ Date: _____

If parents live at the same address, please list both in # 1.

1. _____	2. _____
Name(s)	Name(s)
Address	Address
City, State, Zip	City, State, Zip
Telephone	Telephone

Students cannot be denied any educational services from the **Mississippi State University's John C. Longest Student Health Center if they refuse to provide consent.*