



OFFICE OF THE REGISTRAR · STUDENT DEVELOPMENT DIVISION

PARENTAL AFFIDAVIT OF DEPENDENCY and REQUEST FOR ACADEMIC INFORMATION

To: Registrar -- Rockingham Community College

From: _____
Name

Address City State Zip

Under Federal legislation, the “Family Educational Rights and Privacy Act of 1974,” and based on the applicable box below, I understand that I am entitled to request certain student data, such as grades, dates of attendance, and other records under the custody of the Registrar at Rockingham Community College.

Please complete the following:

I, _____, **certify that**
Name of Parent

Please print FULL name of student

Student ID number

is claimed on my most recent Federal Income Tax form as my dependent. (Documentation may be required)

PLEASE NOTE:

If you are a parent or legal guardian of the above mentioned student
but cannot claim him/her on your most recent Federal Income Tax form,
the only way you can receive this type of information is for the student to complete
a *Student Consent for Release of Academic Records* form
requesting that academic information be provided to you.

This form is available in the Student Development Division’s Office of the Registrar.

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) (PLEASE SPECIFY DOCUMENT AND SEMESTER):

Please indicate the purpose of the request: _____

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

Signature

Date