

1101 Sherman Drive, Utica, NY 13501 Phone (315) 792-5336 Fax (315) 792-5698 www.mvcc.edu

FROM: _____

CONSENT TO DISCLOSE INFORMATION

Student's First Name	Middle Initial		Last Name
Permanent Address:			
Street Address	City	State	Zip Code
Under the Family Educational Rights and Privacy Act (F disclose information from your education records to your p dependent for federal tax purposes. Please indicate	arents if your parents (or c	ne of your parents) claim you as a
Please Check The Appropriate Box:			
Yes. I certify that my parents claim me as a No. I certify that my parents do not claim	_		-
Student Signature			Date
I consent to disclosure of any personally identifiable informated determined by Mohawk Valley Community College as approstudent at Mohawk Valley Community College." Student Signature			
If parents live at the same address, please list both in #1.			
1	2		
Name(s)	Name(s)		
Address State Zip Telephone	Address St. City St. Telephone		
REGISTRAR	'S STAFF ONLY		
Received By/Date	Stamp:		
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