Mohawk Valley Community College

Registrar's Office

Consent Form for Disclosure to Parents

			M#	
	Student's First Name	Middle Initial	Last Name	
	Permanent Street Address	City	State	Zip Code
disclose you as a	information from your educ	ation records to yo	ur parents if your parents	nmunity College is permitted to (or one of your parents) clain claim you as a tax dependent.
	. I certify that my parents clair	n me as a dependei	nt for federal income tax p	urposes.
No.	I certify that my parents do n	ot claim me as a de	pendent for federal incom	e tax purposes.
Signature:		Date:		
income		that Mohawk Valley	Community College may	med as a dependent for federa disclose information from you
reasons		y Community Colle	ge as appropriate. This au	tion records to my parent(s) fo uthorization will remain in effec
Signatuı	re:		Date:	
_	re:ts live at the same address, pl		Date:	
If paren		ease list both in #1.		
If paren	ts live at the same address, pl	ease list both in #1.		
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