

MODEL FORM FOR DISCLOSURE TO PARENTS OF DEPENDENT STUDENTS
(NDSBA recommends providing this form to all high school seniors at the beginning of the school year.)

Student's First Name	Middle Initial	Last Name	
Street Address	City	State	Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), the Fessenden-Bowdon School District is permitted to disclose information from your education records to your parents if your parents (or one of your parents) if you are under 18 or if they claim you as a dependent for federal tax purposes. **If you will turn 18 this school year**, 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 parents live at the same address, please list both in # 1.

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

End of Fessenden-Bowdon School District Exhibit FGA-E6