

WESTERN TEXAS COLLEGE

Admissions and Records Office

6200 College Ave • Snyder, TX 79549 • (325) 573-8511 • Fax (866) 270-6203

PARENT'S CERTIFICATION OF DEPENDENCY FORM

(For Release of student records)

The Family Education Rights and Privacy Act of 1974 provides privacy protection of a students' academic record and limits the release of such records without the student's consent. The Act further provides that the college may disclose such records to parents or legal guardians if the student is a dependent as defined in Section 152 of the Internal Revenue Code of 1954.

In order to release the academic records for your dependent student the following documents must be submitted to the Admissions and Records Office: **this completed and notarized form and a photocopy of the first page of your most recent Federal Income Tax Form. Submit all documents together and mail to the address listed above.**

With few exceptions you are entitled, on your request to be informed regarding the information Western Texas College collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have WTC correct information about you that is held by the institution and that is incorrect. Be assured that your WTC records are protected from unauthorized disclosure by federal law.

Your social security number (SSN) or WTC identification number is being requested because it is a unique identification number which is maintained for the purpose of assurance that the correct student record is being updated, for tracking purposes and for state and federal report requirements. The disclosure of such information is voluntary. Your disclosure of your social security number or WTC identification number will be governed by the Public Information Act (Charter 552 of the Texas Government Code).

Print Student's Information:

Student's Legal Name (First, M, Last)

Social Security Number

Date of Birth

Print Parent's Information:

Parent's/Guardian's Name (First, M, Last)

Relationship

E-mail address

Telephone Number

Street Address

City

State

Zip code

STUDENT'S ACKNOWLEDGMENT: I acknowledge that I am aware of this request to release my records to my parent/guardian. **I understand that this release is in effect until I notify the College to cancel it.**

Student's Signature: _____

Date: _____

PARENT'S/GUARDIAN'S DECLARATION: I certify that I am the parent/legal guardian of the listed student in accordance with the above legislation. I agree to cancel this request when the student is no longer my dependent.

Parent's/Guardian's Signature: _____

Date: _____

Subscribed and sworn to before me, this ____ day of _____, _____

Signature of Notary

Print Name

_____, Notary

Public in and for the State of: _____.

My commission expires: _____.

Notary Seal