



PARENTAL AFFIDAVIT OF DEPENDENCY AND REQUEST FOR ACADEMIC INFORMATION

Records Office • PO Box 38 Wentworth NC 27375 • 336.342.4261 Fax: 336.342.1809 • www.rockinghamcc.edu

To: Registrar -- Rockingham Community College

From: _____
Name

Mailing Address City State Zip

PLEASE NOTE:

If you are a parent or legal guardian of the above mentioned student but did not claim him/her on your current Federal Income Tax form, the only way you can receive this type of information is for the student to complete a [Consent to Release Student Information form](#) (photo identification required) requesting that academic information be provided to you.

Under Federal legislation, the "Family Educational Rights and Privacy Act of 1974," and based on the note 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.

COMPLETE THE FOLLOWING:

I, _____, certify that
Name of Parent

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)

I hereby request the following (Specify Information/Document and Academic Semester/Term):

Purpose of the request: _____

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

Signature Date

OFFICE USE ONLY: Date received - _____ Fulfilled _____ By _____
Date Staff Member Initials
Received by _____ Initials Method/Notes: _____