

**ENDICOTT COLLEGE**  
**ANNUAL DEPENDENCY DISCLOSURE FORM**

**From:**

\_\_\_\_\_  
Student's First Name      Middle Initial      Last Name

\_\_\_\_\_  
Permanent Street Address      City      State      Zip Code  
\_\_\_\_\_

Under the Family Educational Rights and Privacy Act (FERPA), Endicott College is permitted to disclose information from your education records to your parents/legal guardian if your parents/legal guardian (or one of your parents) claim you as a dependent for federal tax purposes. (See Endicott's Notice of Student Rights with Respect to Educational Records). Please indicate whether your parents/legal guardian claim you as a tax dependent.

Please check the appropriate box:

- ☐ Yes. I certify that my parents/legal guardian claim me as a dependent for federal income tax purposes.
- ☐ No. I certify that my parents/legal guardian do not claim me as a dependent for federal income tax purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are not claimed as a dependent or you do not know whether you are claimed as a dependent for federal income tax purposes, but you agree that Endicott College may disclose information from your education records to your parents/legal guardian, please sign the following consent:

I consent to the disclosure of any personally identifiable information from my education records to my parent(s)/legal guardian, for reasons determined by Endicott College as appropriate. This authorization will remain in effect for the [2018-2019] school year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_