

EXHIBIT

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Descriptor Code: FGA-E6

MODEL FORM FOR DISCLOSURE TO PARENTS OF DEPENDENT STUDENTS

Student's First Name	Middle Initial	Last Name
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Street Address	City	State	Zip Code
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Under the Family Educational Rights and Privacy Act (FERPA), the Ashley Public School is permitted to disclose information from your education records to your parent(s), if you are under 18 or if your parent(s) claims 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: _____

Parents:

Name

Address

City, State, Zip

Telephone

End of Ashley School District #9 Exhibit FGA-E6

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