BENNINGTON COLLEGE

Family Educational Rights and Privacy Act Dependency Notification / Consent

To: **Registrar**
Bennington College

From: _____

First Name **Middle Initial** **Last Name**

_____

Permanent Street Address **City** **State** **Zip Code**

Under the Family Educational Rights and Privacy Act (FERPA), Bennington College is permitted to disclose information from your education records (as defined in FERPA) to both of your parents if one or both of your parents claim you as a dependent for U.S. federal income tax purposes. Please indicate whether one or both of your parents claim you as a tax dependent.

Please check the appropriate box:

☐ **Yes.** One or both of my parents claim me as a dependent for U.S. federal income tax purposes.

☐ **No.** One or both of my parents do not claim me as a dependent for U.S. federal income tax purposes.

Signature: _____ **Date:** _____

NOTE: If, at any time during your attendance at Bennington College, your status as a tax-dependent changes, you must notify the Registrar's Office in writing immediately. In the absence of such notification, your certification of tax dependency or non-dependency made on this form will be in effect for the duration of your time at the College, unless the College is provided with copies of tax returns indicating otherwise.

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

I consent to the disclosure of any information from my education records (as defined in FERPA) to my parent(s) under the same circumstances as if I were claimed as a dependent by one or both of my parents for U.S. federal income tax purposes. This authorization will remain in effect for the duration of my time at Bennington College, unless I notify the Registrar's Office in writing that this consent is withdrawn.

Signature: _____ **Date:** _____

Please continue with second page.

If parents live at the same address, please list both in # 1.

1. **Name(s):** _____

   Address: _____

   City, State, Zip: _____

   Telephone: _____

2. **Name(s):** _____

   Address: _____

   City, State, Zip: _____

   Telephone: _____

Please complete, sign, and return this form to the address below.