

**Parental Affidavit for Academic Information**

To: Student Records Office  
Paris Junior College  
2400 Clarksville St.  
Paris TX 75460

From: \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address) (City) (State) (Zip)

Under Federal legislation, the "Family Educational Rights and Privacy Act of 1974" and based on the applicable box below, I understand I am entitled to request certain student data, such as grades, dates of attendance, and other records under the custody of the Student Records Office at Paris Junior College.

Please check the applicable box:

1. I, \_\_\_\_\_, certify that  
(Please print your full name)  
\_\_\_\_\_ is  
(Please print full name of student) (Student ID number)

claimed on my Federal Income Tax form as my dependent.

2. I am the parent of \_\_\_\_\_  
(Please print full name of student) (Student ID number)  
who is currently being claimed by \_\_\_\_\_  
(Name of person claiming for Federal Income Tax)

(Must be completed if Box 2 is checked). Please indicate person's relationship to student.

\_\_\_\_\_

NOTE: The above mentioned student must be carried as a legal dependent on the Internal Revenue Service form. If box 1 or 2 does not apply, the only way you can receive this type of information is for the student to request in writing that academic information be sent to you. If the student is not being claimed, do not return this form. There will be no information released by the Student Records Office to anyone other than the student without a written request.

I hereby request the following document(s) [PLEASE SPECIFY DOCUMENT AND SEMESTER]:

\_\_\_\_\_

Please indicate purpose of request: \_\_\_\_\_

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

\_\_\_\_\_  
(Please sign) (Date)