



**Disclosure to Parents of Dependent Students
and Consent Form for Disclosure to Parents**

Student's First Name	Middle Initial	Last Name	
Permanent Street Address	City	State	Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), Arlington Baptist University is permitted to disclose information from your education records to your parents if your parents (or one of your parents) claim you as a dependent for federal tax purposes. 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: _____

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 Arlington Baptist University may disclose information from your education records to your parents, please sign the following consent:

I consent to the disclosure of any personally identifiable information from my education records to my parent(s), for reasons determined by Arlington Baptist University as appropriate. This authorization will remain in effect for the 2025-2026 school year.*

Signature: _____

Date: _____

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

**Students cannot be denied any educational services from the [Institution] if they refuse to provide consent.*

Please return to the Registrar's Office, or email to Registrar@abu.edu