COLLEGE OF COASTAL GEORGIA

PARENTAL AFFIDAVIT FOR ACADEMIC INFORMATION

TO: Registrar’s Office
College of Coastal Georgia
3700 Altama Avenue
Brunswick, Georgia 31520

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 Registrar at College of Coastal Georgia.

Please check applicable box:

☐ 1. I, __________________________________________________________, certify that

(Please print full name of student) (Student ID Number)

is 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 automatic mailing of grades or other information by the Registrar to anyone other than the student without a written request.

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

________________________________________________________________________

Please indicate the purpose of request: ____________________________________________

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

________________________________________________________________________

(Please Sign) (Date)