

**Kenai Peninsula Borough School District**  
**For Students Age 18 and Older**  
**Disclosure to Parents of Dependent Students**  
**and Consent Form**

To: Registrar, \_\_\_\_\_  
School Student ID

From: \_\_\_\_\_  
Student's First Name, Middle Initial, Last Name Date of Birth (mo/day/yr)

\_\_\_\_\_  
Permanent Street Address City State Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), the Kenai Peninsula Borough School District (KPBSD) is permitted to disclose information from the education records of a student age 18 and older to your parents if your parents (or one of your parents) claim you as a dependent for federal tax purposes.

Please check the appropriate box:

- Yes. I certify that my parents **claim me** as a dependent for federal income tax purposes. I understand that educational records may be disclosed to my parents.
- No. I certify that my parents **do not claim me** as a dependent for federal income tax purposes. Do not release educational records to my parents.
- Yes. Even though my parents do not claim me as a dependent for federal income tax purposes, I agree that KPBSD may disclose educational records to my parents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If both 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 _____
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*Students cannot be denied any educational services from the KPBSD if they refuse to provide consent.*

Office Use: \_\_\_\_\_

Entered on PowerSchool. Date: \_\_\_\_\_ By: \_\_\_\_\_