

FERPA

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

To: Registrar,
National Personal Training Institute Tampa

From: _____

Student's First Name

Middle Initial

Last Name

Permanent Street Address

City

State

Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), the National Personal Training Institute Tampa 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 the National Personal Training Institute Tampa 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 the National Personal Training Institute Tampa as appropriate. This authorization will remain in effect for the [2015-2016] 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 National Personal Training Institute Tampa if they refuse to provide consent.*