Wilkes University---Release of Information Form

Under the Family Educational Rights and Privacy Act (FERPA), Wilkes University is permitted to disclose educational 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, and list their name(s) below.	
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 tax purposes	
I am not claimed as a dependent or do not know whether I am claimed as a dependent, but wish to give permission to the person(s) or entities listed below to receive and/or discuss the following categories of information/issues that may occur during my time as a registered student at Wilkes University. Please check all that apply.	
Note: If parents live at the same address, please list both in #1.	
Release information to:	Type of information:
1. Name(s)	FinancialEmergency Medical
2. Name(s)	Financial Emergency Medical
This will begin as of the date signed below. Please sign in ink .	
Student Name (printed)	WIN
Student's Signature	_ Date
Students cannot be denied any educational services from Wilkes University if they refuse to provide consent.	
NOTE TO ALL STUDENTS SPONSORED THROUGH THEIR CULTURAL MISSION, EMBASSY, OR OTHER GOVERNMENT BODY: Each student is responsible for his or her financial account at Wilkes University. The University strives to facilitate the payment process with the sponsoring agency, but does not take responsibility for individual students' payments. In order to fulfill sponsorship requirements, students are often required to submit transcripts and enrollment information to their sponsoring agencies. Such communication is the responsibility of the sponsored student. However, Wilkes University usually sends general enrollment information and transcripts to sponsoring agencies per request. Academic and behavioral issues are also communicated to advisors at sponsoring agencies as determined necessary by the University. Please comply with the requirements established by your sponsoring agency. Your signature above indicates you have read and understand this information.	
Copy: Registrar Health Services Academic Advisor Student Affairs Controller's Office Major De	