



Office of the Registrar
MSC 3528
Harrisonburg, VA 22807
Phone (540) 568-6281
Fax (540) 568-5615

Parent Request for Information of Dependent Student

Student must self-report that they are a dependent of the requestor or requestor must supply a copy of most recent income tax return which lists the student as a dependent. You must complete a separate form for each individual request (i.e. it is not permissible to simply request all grades)

(Please Print)

Student's Name _____
(Last) (First) (MI)

JMU

Student ID # (If known) _____

Information Requested:

Grades _____ Please complete appropriate term: Fall 20__ Spring 20__ Summer 20__
(Only one term may be selected)

Class Schedule _____ Please complete appropriate term: Fall 20__ Spring 20__ Summer 20__
(Only one term may be selected)

Current Transcript _____

Other: (Please note that only educational records may be released from this office. We will alert you if what you request is not deemed to be an educational record and/or where you might request it.)

Send information to: Mailing Address _____

Note: Please allow 7-10 business days (excluding mail time) for processing from the date that we receive the request

Printed Name Of Requestor _____
(Last) (First) (MI)

Signature Of Requestor _____ Date _____

Daytime Phone # _____

Preferred Email address _____

Office Use Only ____ Verified student is dependent of requestor Verifier: _____ Date: _____
