



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

Student Declaration of Dependent Status

Virginia law requires James Madison University to disclose educational records to a (parent) of a dependent student, at the parent's request. For this reason, we need to know the following information:

(Please Print)

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

JMU

Student ID # _____

Are you claimed as a dependent on a (parent's) tax return? Yes No

If so, list the names of the parents who claim you as a dependent:

(Please Print)

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

(Please Print)

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

I also grant permission for you to release my educational records to the person(s) listed below:

(Please Print)

Name _____
(Last) (First) (MI)

(Please Print)

Name _____
(Last) (First) (MI)

Note: Your parent will be required to make the request for information in writing. Generally, we will provide your parent access within 7-10 business days of the request. You are required to notify us if your status as a dependent changes. In the absence of notification of a change in status, we will continue to regard you as a dependent of, and to release educational records to the person(s) named above.

Signature

Of Student _____ Date _____

Daytime

Phone # _____

Preferred

Email address _____

Office Use Only
Verifier: _____
Date: _____