



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 by completing a Student Declaration of Dependent Status *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.

(Please Print)

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

JMU Student ID # (if known) _____

Information Requested:

Class Schedule - Indicate term and year: Fall 20____ Spring 20____ Summer 20____
(Only one term may be selected.)

Grades (If selected, a transcript will be issued that includes all grades for all completed semesters.)

The transcript should be sent at the end of the current semester after final grades are posted.

Other: indicate the information being requested on the line below. (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: _____