

**Parental Affidavit for  
Academic Information**



To: Registrar's Office  
Truman State University  
100 E. Normal  
Kirksville, MO 63501-4221

From: \_\_\_\_\_  
Title                      First Name                      Middle Initial                      Last Name

Street \_\_\_\_\_

City    State    Zip Code

Daytime Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Under the Family Educational Rights and Privacy Act of 1974, I understand I am entitled to request certain education records for my dependent child, \_\_\_\_\_  
(full name of student)

\_\_\_\_\_, who is currently enrolled at Truman State University.  
(student's ID number or social security number)

Please send me the following documents from my student's educational record:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In order to receive this information, I understand that this student must be claimed as a legal dependent on my most recent Internal Revenue Tax form. I have **attached my most current federal tax form** as documentation. I understand that any standard charges for academic information (i.e., transcript fees) will be assessed. I also understand that I must **submit this form and documentation each time student information is required**. I also understand that my son or daughter will be informed of this request to release information.

Please note: If this student is not your dependent, the only way that you can receive information is for the student to request in writing that the information be sent to you. Please do not submit this form if your son or daughter is not your legal dependent.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For Office Use Only:</b> Registrar Signature _____ Forms sent _____
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