

TEXAS SOUTHERN UNIVERSITY

OFFICE OF ENROLLMENT SERVICES

3100 Cleburne Street • Houston, Texas 77004

(713) 313-7011

PARENTAL AFFIDAVIT FOR ACADEMIC INFORMATION

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State Zip*

Under the Family Educational Rights and Privacy Act of 1974 (FERPA), which is federal legislation, and based on the applicable box below, I understand I am entitled to request certain student data, such as grades, dates of attendance, and other records under the custody of the Registrar at Texas Southern University.

Please check applicable box:

1. I, \_\_\_\_\_, certify that  
*Last First Middle*  
\_\_\_\_\_  
*Student's Full Name Student's Social Security Number*

is claimed on my Federal Income Tax form as my dependent.

2. I am the parent of \_\_\_\_\_  
*Student's Full Name Student's Social Security Number*  
who is currently being claimed by \_\_\_\_\_  
*Last First Middle*

MUST BE COMPLETED IF BOX 2 IS CHECKED

Please indicate person's relationship to student: \_\_\_\_\_

Note: The above mentioned student must be carried as a legal dependent on the Internal Revenue form. If box 1 or 2 does not apply, the only way you can receive this type of information is for the student to request in writing that academic information be sent to you. If the student is not being claimed, do not return this form. There will be no automatic mailing of grades or other information by the Registrar to anyone other than the student without a written request.

I hereby request the following document(s) [PLEASE SPECIFY DOCUMENT AND SEMESTER]

	Document	Semester
SAMPLE:	Academic Records	Fall 2004
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate purpose of request: \_\_\_\_\_

I understand that I must make this request for information each time it is needed.

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