Exhibit D— Disclosure of Student Information Protected by FERPA to Parents of Dependent Students 18 Years or Older

> **Note:** A district may disclose education records, or personally identifiable information from education records, to a parent without prior written consent of an eligible student if the disclosure meets the conditions in 34 C.F.R. 99.31(a), including if the student is a dependent for tax purposes or in the case of a health or safety emergency. [See FL(LEGAL)] This form may be used to obtain documentation from a parent requesting education records or personally identifiable information from education records for an eligible student who is a dependent of the parent for tax purposes. An "eligible student" is defined by 34 C.F.R. 99.3 as a student who has turned 18 years old or is attending an institution of postsecondary education. A "parent" is defined by 34 C.F.R. 99.3 to include a natural parent, a guardian, or an individual acting as a parent in the absence of a parent or a guardian. A "dependent student" is defined by section 152 of the Internal Revenue Code of 1986, as specified by 34 C.F.R. 99.31.

Date: _____

To: *(ISD)* _____

From: *(full name of parent requesting information)* _____

Address: *(full address with city, state, and zip code)* _____

Student's full name: _____

Campus: _____

Grade level: _____

Under the Family Educational Rights and Privacy Act (FERPA), the Ector County Independent School District is permitted to disclose information from education records to a parent if the parent claims the student as a dependent for federal tax purposes. Please indicate whether you are a parent of the student whose records or information you seek and whether you claim the student as a tax dependent.

Please check applicable boxes to affirm:

☐   I certify that I am a parent of _____ (*name of student*) as defined above.

☐   I certify that I claim _____ (*name of student*) as a dependent for federal income tax purposes at the time this request is made.

Signature of parent: _____

Date: _____