

EXHIBIT

FGA-E6 - MODEL FORM FOR DISCLOSURE TO PARENTS OF DEPENDENT STUDENTS

NOTE: NDSBA recommends providing this form to all high school seniors at the beginning of the school year.

Name Middle Initial Last Name Student's First

Street Address City State Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), the HEBRON SCHOOL DISTRICT is permitted to disclose information from your education records to your parent(s), if you are under 18 or if your parent(s) claims you as a dependent for federal tax purposes. **If you turn 18 this school year**, please indicate whether your parents claim you as a tax dependent.

Please check the appropriate box:

Yes. I certify that my parents claim me as a dependent for federal income tax purposes.

No. I certify that my parents do not claim me as a dependent for federal income tax purposes.

Signature: _____ Date: _____

If parents live at the same address, please list both in # 1.

1.

Name

Address

City, State, Zip

Telephone

2.

Name

Address

City, State, Zip

Telephone

End of HEBRON SCHOOL DISTRICT Exhibit FGA-E6