Dependent Affidavit

Boulder County Campus
2190 Miller Drive
Longmont, CO 80501
303-678-3722
Fax: 303-678-3637
BCCAdmissions@frontrange.edu

Brighton Center
1850 E. Egbert Street
Brighton, CO 80601
303-404-5099
Fax: 303-655-1763
Frcc.brightoncenter@frontrange.edu

Larimer Campus
4616 South Shields
Fort Collins, CO 80526
970-204-8107
Fax: 970-204-8365
LCAdmissions@frontrange.edu

Westminster Campus
3645 West 112th Avenue
Westminster, CO 80031
303-404-5414
Fax: 303-404-5150
WCAdmissions@frontrange.edu

Under Federal legislation, the "Family Educational Rights and Privacy Act of 1974", 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 Front Range Community College. FERPA regulations provide the College up to 45 days to respond.

The student must be claimed as a legal dependent on the Internal Revenue Service Form. 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 certify that _____ _____
(Please print full name of student) (Student ID number)

is claimed on my Federal Income Tax form as my dependent, and I have attached a copy of last year's federal tax return.

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

_____

Please indicate purpose of request:

_____

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

_____ _____
Signature Date

Name: _____

Address: _____
Street City State Zip Code

Email Address: _____@student.cccs.edu Phone Number: _____

For Office Use Only:

Name: _____

Federal Tax Return Verified: _____

ID Verified: _____

Date: _____

Records Release Approved or Denied: _____