TO: Academic Affairs Office  
University of Pikeville  
147 Sycamore Street  
Pikeville, KY 41501

FROM:  
Name of Student  
ID Number

Street/Mailing Address  
City  
State  
ZIP

Under federal legislation, namely the Family Education Rights and Privacy Act of 1974, I understand that my educational records cannot be released without my written permission or a Parental Affidavit of Dependency certified by my parent or guardian.

Please check applicable box:

☐ 1. I, ________________________________, certify that is claimed on my Federal Income Tax form as my dependent.

☐ 2. I am the parent of ________________________________, who is currently being claimed by __________________________________________

Please indicate person’s relationship to student: ________________________________

Note: The above mentioned student must be carried as a legal dependent on the Internal Revenue Service 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.

Tax information confirmed by Financial Aid on ____________________ by _________________________

I hereby request the following document(s):

Specify the Document and Semester

Please indicate purpose of request: ________________________________

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

Signed this ______ day of ____________________.

___________________________________  
Signature of Student

Return this form to Academic Affairs Office, University of Pikeville, Pikeville, KY 41501

Rev. 07/2011