

Office of Records/Registration

Campus Box 167
P.O. Box 173364
Denver, Colorado 80217-3364
Phone: (303) 556-2389 • Fax: (303) 556-4838

Request to Receive the Academic Records
of a Dependent Student

The Federal Family Educational Rights and Privacy Act of 1974 as subsequently amended prohibits the release of education records (or personally identifiable information contained therein other than directory information). **However, it authorizes parents of a dependent student** (as defined in Section 152 of the Internal Revenue Code of 1954) access to the student's records. In order to determine this dependency, please complete the following statement.

STATEMENT

Date _____

I request the right to see (or have a copy of) the academic records at the University of Colorado for the following named student.

Last Name First M. Student/Social Security Number

Date of birth may be given for identification purposes if the student number or social number is not known. Date of birth _____

I certify that I am the parent or guardian of this student and that he/she is listed as a **dependent on my most recently filed Federal Income Tax return**, and, further, that no statement of emancipation has been executed by me pertaining to this student.

Signed _____

Address _____

Return to:
University of Colorado at Denver
Campus Box 167
P.O. Box 173364
Denver, CO 80217-3364