## GGC FERPA Disclosure Notice to Students

То:	Registrar Georgia Gwinne	ett Colle	ge						
From:	:								
	Student's First	Name	Middle	e Initial	Las	t Name	Student ID Nu	ımber	
	Permanent Stre	et Addre	ess (	City S	tate	Zip Code			
permi paren	r the Family Educa tted to disclose info t(s)/guardian claim parent(s)/guardian	ormation you as	from yo a deper	our educandent for	at	ion reco federal ta	Georgia G rds to your pare x purposes. Plea ase check the ap	ase indicate wh	f your nether
	Yes. I certify that tax purposes.	my pare	ent(s)/gu	uardian		claim me as	s a dependent fo	or federal incor	ne
	No. I certify that n	ny paren	nt(s)/gua		ä	not claims Ct p S i	me as a depend Z	lent foor feoderal	A
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