

TO: Registrar
College of Saint Benedict/Saint John's University
St. Joseph, MN 56374 Collegeville, MN 56321

Today's Date _____

Student's ID # (located on your bill)

This is to declare that our daughter/son _____
ENTER FULL NAME ABOVE

- is a dependent according to U.S. Federal Tax Code Rules
- or
- is not a citizen of the United States and is my/our dependent.

Parent(s)' Full Name(s) (Please Print) _____

Address

City, State, Zip Code, Country

Phone Number

Signature of either parent _____

Compliance with Family Educational Rights and Privacy Act of 1974

Filing this affidavit with the Registrar's office gives parents the right to request academic information regarding their daughter or son. Parents must contact the Registrar's Office to request academic information such as a copy of their grade report.

Requests for transcripts require the student's signature and parents may not request them.