

COLLEGE OF
Saint Benedict  Saint John's
UNIVERSITY

TO: Registrar

College of Saint Benedict Saint John's University

37 S. College Ave PO Box 5511

St. Joseph, MN 56374 Collegetown, MN 56321

Today's Date _____

Banner ID # (if known)

(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.