

COLLEGE OF  
**Saint Benedict**  **Saint John's**  
UNIVERSITY

TO: Registrar

College of Saint Benedict  
37 S. College Ave  
St. Joseph, MN 56374

Saint John's University  
PO Box 5511  
Collegeville, MN 56321

Today's Date \_\_\_\_\_

**Student ID #** (if known, also located on your tuition bill) \_\_\_\_\_

This is to declare that our daughter/son \_\_\_\_\_  
Enter Full Legal Name

is a dependent I claim/we claim (jointly) on our U.S. Federal Tax Return\*\*

**or**

is not a citizen of the United States and is my/our dependent

PLEASE PRINT

Parent 1 Full Legal Name\*\*

Parent 2 Full Legal Name\*\* (only if living at same address as parent #1)

Street Address \*\*

City, State, Zip Code, Country

Permanent Phone Number

(either a land line or one cell phone number ONLY)

Signature of a parent \_\_\_\_\_

**Have a second parent at a different address?**

Second Parent Address and Authorization Form — <https://apps.csbsju.edu/enrolledstudents/forms/parent2.aspx>

*\*\*US Citizens: Utilize the name(s) and address of the parent(s) who legally claim this dependent student on their most recent U.S. Federal Tax Return defined by the U.S. Tax Code.*

**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 (i.e. grade report)
- **Transcripts** — Requests for transcripts require the student's signature and parents may **not** request them