



Office of Academic Records and Registration

Bryant University, 1150 Douglas Pike, MRC 202
Smithfield, Rhode Island 02917

Phone: (401)232-6080 Fax: (401)232-6065
www.bryant.edu/academicrecords

Privacy Act-Declaration of Dependent

Under the provisions of the General Education Provisions Act, Section 438 (b) (1) (h), I hereby declare that:

Name of Student (Please Print)

Student ID

Social Security Number

is listed as my dependent in accordance with Section 152 of the Internal Revenue Code of 1954 and herewith request access to his/her educational records.

Name of Parent/Guardian (Please Print)

Date

Signature of Parent/Guardian

Note: Only the person signing this form will be able to receive communication or information regarding the aforementioned student. Should more than one parent/guardian have this student listed as his or her dependent, an additional form may be completed.

For office use only:	
Received: _____	Date: _____
Processed: _____	Date: _____