



**University of the Incarnate Word
Business Office**

Parental Affidavit for Student Financial Information

To: Business Office
University of the Incarnate Word
4301 Broadway CPO# 291
San Antonio, TX 78209

From: (Name) _____
(Address) _____
(City) _____ (State) _____ (Zip) _____

Under Federal legislation, the "Family Educational Rights and Privacy Act of 1974"

As of this date, I (Parent's name) _____,
certify that (Please print student's name) _____,
(Student's Social Security number) _____, is claimed
on my Federal Income Tax form as my dependent.

Note: The above-mentioned student must be carried as a legal dependent in the Internal Revenue Service form. The only other way you can receive this information is for the student to request in writing that this information be sent to you.

I understand that I must make this request for this information each time it is needed.

Parent's Signature

Date

State of Texas §
County of Bexar §

_____, personally appeared before me, and
being first duly sworn declared that he/she signed this application in the capacity
designated, if any, and further states that he/she has read the above application and the
statements therein contained are true.

Sworn to and subscribed before me this _____ day of _____, 20_____.