



*Madrid*

# SAINT LOUIS UNIVERSITY

## 2011-2012 Academic Year Parental Waiver Statement

I certify that I am the parent or legal guardian of \_\_\_\_\_, a student at Saint Louis University. I further certify that as of this date, said student is a legal dependent of mine, and that the status of dependent is reported on my federal income tax report, (please attach a copy of the top page of the 1040 form with dependents listed). Because of this status of dependency, I understand that I may request the following record(s) under the conditions of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment). Please specify below:

A new parental statement form must be filed each August in the Office of the Registrar if you are to receive academic, financial or personal information from your student's record at Saint Louis University.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Phone, please include Area Code: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to: Office of the Registrar  
Saint Louis University – Madrid Campus  
Avda. Del Valle, 34  
28003 Madrid, Spain

Or fax, c/o the Registrar to: + 34 91 554 6202