

# Consent to Release Student Information (FERPA Form)

The Family Educational Rights and Privacy Act (FERPA) establishes certain rights for parents regarding the privacy of their child's educational record. While family members and other individuals serving in a parent's stead as caretaker may have an interest in the child's record, access to or release of the educational record is only by written parental consent. Parents may choose to complete and submit this FERPA Release Form to allow access or release of their child's educational record. A release form must be completed for each individual to whom a parent wishes to authorize access / release of his / her child's educational records

## Student Information

Name of Student

Date of Birth

Child's Mailing Address

Parents Mailing Address (if different)

I understand: (1) I have the right not to consent to the release of my student records and information, (2) that I may revoke this consent at any time. I consent to release the information, as indicated below to:

## Information to be Released

Check all that apply

(Note: By checking off release all records, the individual listed below will receive all correspondence related to the child's academic record. Release all records

Short Cycle Assessments/Interim Assessments (K-2) Beginning of Year (BOY), Middle of Year (MOY), End of Year (EOY)

Short Cycle Assessments Grades 3-8 (ELA, Math, SLA) BOY, MOY, EOY

SAT Reading and Math Grade 11

Summative Assessment for Science, Grades 5, 8 and 11

Advanced Placement, PSAT or NMSQT for grades 9-12

Student Quantile Information

Summative Assessments for Math and ELA Grade 3-8

Attendance Information

Early Warning System Attendance Information with 5 or more days absent

Information regarding students who are in danger of failing or are in need of credit recovery to increase graduation success and support

Name of Child's School:

Grade level:

Student ID #

## Third Party Designee

Name

Relationship (Tribal Education Department, Governor, President)

Street Address

City

State

Zip Code

Email

Phone Number

## Purpose of Release

By signing this FERPA Release form, I consent to the to receive the above educational records of my student in order to analyze the needs, progress, provide services and to make data driven decisions to improve educational outcomes for Native American Students.

Parent Signature

Date

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**REVOKE AUTHORIZATION:** By signing below, I hereby revoke any prior authorization for to disclose my student records and information with the individuals listed above, effective immediately.

Parents Signature

Date

Student ID Verified By: