

FERPA RELEASE FORM FOR PARENTS

Name of student: _____ Date of birth: _____
 Name of child's school: _____ Grade level: _____
 Child's mailing address: _____
 Parent's mailing address (if different): _____

CONSENT TO RELEASE

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.

I, _____, (name of parent/legal guardian)
 consent to release the information, as indicated below, to:

Relationship of this individual to the child: _____

Contact information for this individual:

(Address) _____

(Phone) _____

(Email) _____

TYPE OF REQUEST (By selecting the option to release records, the individual listed above will receive all correspondence related to the child's academic record that is mailed to parents):

☐ Academic records: ☐ Access ☐ Release

☐ Disciplinary records: ☐ Access ☐ Release

☐ All information concerning my child's ☐ 504 Plan

☐ Individual Education Program

☐ Access ☐ Release

☐ All other information placed in my child's education record (e.g., accident reports, emergency contact information, administrative notes, etc.):

☐ Access ☐ Release

ACKNOWLEDGEMENT AND SIGNATURE

I acknowledge by my signature that I understand that, although I am not required to release my child's records, I am giving my consent to release the information.

This release will remain in effect while the child is enrolled in Ashley School District unless I revoke such consent.

Parent's signature

Date

RETURN FORM TO

Name: Superintendent

Address: 703 West Main St. Ashley ND 58413

Date form was returned to school:

Received by:

End of Ashley School District #9 Exhibit FGA-E3

[4/09]