

**STUDENT RECORDS**  
*(FERPA Release)*

Pursuant to the Family Educational Rights and Privacy Act (FERPA), the district is not able to disclose personally identifiable information from student records unless a specific consent exemption applies or unless written consent is obtained from the parent or eligible student. Because this request is not covered by a specific consent exemption, the following form must be completed and submitted by the parent or eligible student before the district will disclose student records. An "eligible student" means a student who has reached 18 years of age or who is attending an institution of postsecondary education.

Records will be provided in the format and by the method requested if available. The requestor will be contacted if the requested format is unavailable. The district will charge reasonable fees for record duplication and mailing costs and may require these costs to be paid prior to providing the records, in accordance with law.

Name of Student Whose Records Are Requested: \_\_\_\_\_

Method of Disclosure:  Inspection  Copy

I consent to the disclosure of the following records: *[List the specific records to be disclosed and include dates if the disclosure is to be limited to records covering a specific date or date range.]*

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I understand that these records will be used by: *[List those persons or entities to which the records are to be disclosed and provide information regarding where copies, if applicable, are to be mailed, e-mailed or faxed.]* \_\_\_\_\_

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FILE: JO-AF1  
Critical

The above-named persons or entities DO NOT have permission to further disclose the records.

**or**

The following persons or entities may further disclose the records: *[List the persons or entities that may further disclose the records and persons or entities to which the records may be further disclosed.]*

Entities that may further disclose records:      Entities to which records may be further disclosed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am consenting to disclosure of the records for the following purpose(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A copy of the disclosed records should be sent to the parent or eligible student. Please provide information regarding where and to whom copies are to be mailed, faxed or e-mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This consent is valid *[check one]*:

For the 20\_\_\_\_ - 20\_\_\_\_ school year.

Until revoked by the parent or eligible student.

Between \_\_\_\_\_ *[month/day/year]* and \_\_\_\_\_ *[month/day/year]*.

For the following period of time *[specify]*: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Eligible Student

\_\_\_\_\_  
Date

This consent is provided for in the Family Educational Rights and Privacy Act of 1974, 34

C.F.R. 99.30.

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***Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.***

Implemented: 2/01/2010

Clinton School District #124