

## Authorization to Release Student Educational Records

Student name: \_\_\_\_\_ Student ID: \_\_\_\_\_

In accordance with provisions outlined in the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) , the school district must have permission before releasing certain information from student records to third parties.

You may complete this form to authorize the school district to release student educational records to third parties that you identify. Your authorization to release student records will not expire, but you have a right to revoke the authorization at any time by submitting a written request to the school.

I authorize the \_\_\_\_\_ school district to release educational records to the following individual or organization:

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

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

Phone/e-mail: \_\_\_\_\_

\_\_\_\_\_ I authorize the school district to release all educational records requested

\_\_\_\_\_ I authorize the school district to release only the following educational records (*please list them below*)

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The purpose for this authorization is (*please explain*):

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I understand that I have the right to inspect and review any and all official school records directly relating to my child.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of parent/guardian