

## **NOTICE**

This is a template only. This template must be compared to your existing administrative rule/exhibit on this topic before implementing it. No board adoption is required.

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**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:

\_\_\_\_\_ **[list individual's name].**

Relationship of this individual to the child:  
\_\_\_\_\_

Contact information for this individual:

(Address) \_\_\_\_\_

(Phone) \_\_\_\_\_ (Email) \_\_\_\_\_

**TYPE OF REQUEST (NOTE: 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**

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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 \_\_\_\_\_ **[Name of School District]** unless I revoke such consent.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

**RETURN FORM TO:**

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

Date form was returned to school: \_\_\_\_\_

Received by: \_\_\_\_\_

End of **[Name of District]** Exhibit FGA-E3

**[08/13]**