Washoe County School District

# WASHOE COUNTY SCHOOL DISTRICT
# FERPA CONSENT TO RELEASE EDUCATIONAL RECORDS

I consent to the disclosure of the following educational records of my child.

**Please Print:**

Last Name _____ First Name _____ Middle Name _____ Date of Birth _____

The following educational records may be disclosed. Please initial the records to be released in the boxes provided below.

| | | |
|---|---|---|
| ☐ Academic | ☐ Athletics/Activities | ☐ Attendance |
| ☐ Cumulative File | ☐ Behavior | ☐ ELL |
| ☐ Health | ☐ Psychological | ☐ Special Education |
| ☐ Other | | |

The educational records should be disclosed to the following:

Print Name _____ Address _____

Print Name _____ Address _____

_____
Parent, Guardian, or Student (if 18 or older)

_____
Date

Written consent of parents is usually required for the release of personally identifiable records or other information protected by the Family Education and Privacy Act to agencies or individuals. Agencies or individuals may not share information with any other party without the written consent of the parents unless entitled to do so under FERPA 99.33.

**You may revoke this authorization at anytime. Unless revoked earlier, this consent will remain in effect for**

_____ **from the date of signing the release form.**

Note: The party receiving the educational records is hereby notified of the following:
(1) The educational records are to be used only for the described purpose;
(2) The educational records may not be re-disclosed without written consent of the parent, guardian, or eligible student.

**Washoe County School District Office Use Only:**

Records/Information provided on _____ to _____
Date Name of Individual/Department

_____ _____
Signature of Designated Staff Person Fulfilling Request Date

06/2011