

## FERPA - CONSENT TO RELEASE STUDENT INFORMATION

To The Custodian of Student Records for: \_\_\_\_\_

Please provide all information from the educational records of \_\_\_\_\_ to:

(Note: this Consent covers medical records held by the school)

The information that is to be released under this consent includes:

- transcripts
- disciplinary records
- recommendations for employment or admission to other schools
- all records of special education, assessment, and intervention.
- and other (specify) Contacts and interactions with counselors or peer leaders.

The information is to be released for the following purpose:

- family communications about school experience
- employment
- admission to an educational institution
- other (specify) Litigation

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to the custodian of these records. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to Rapid Record Retrieval for the specific purpose described above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian/Conservator

\_\_\_\_\_  
Relationship to child

Parent's Name (print) \_\_\_\_\_

Student's Name \_\_\_\_\_