CONSENT TO DISCLOSURE OF STUDENT INFORMATION

In accordance with the Family Educational Rights and Privacy Act of 1974 ("FERPA"),
I, ___________________________, hereby grant permission to the following individual(s):

(NAME OF STUDENT)

______________________________,
(NAME EACH INDIVIDUAL, PREFERABLY, OR OFFICE)
______________________________,
______________________________,

to speak with following person(s): (NAME EACH INDIVIDUAL AND RELATIONSHIP TO YOU)

______________________________________, relationship: _________________________,
______________________________________, relationship: _________________________,

regarding the following: (LIST SPECIFIC INFORMATION TO BE SHARED)
ex. - my attendance record

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

This consent shall be valid until revoked by me in writing.

SIGNATURE: ___________________________ DATE: ___________

STUDENT NAME: ___________________________ STUDENT N#: ___________

If submitting in person, the student must show photo ID.

VERIFICATION SIGNATURE: ___________________________ DATE: ___________

If submitting by mail, the student’s signature must be notarized as below.

STATE OF ____________ )
   ss.:  
COUNTY OF ____________ )

On this ___ day of _______, __ before me personally came _____________, to me known
and/or proved to me on the basis of satisfactory evidence to be the person described in and who
executed the foregoing instrument and s/he acknowledged to me that s/he executed the same.

________________________________________
Notary Public