



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