

EXHIBIT

Descriptor Code: FACB-E3

FERPA AND STUDENT AUTHORIZATION RELEASE

I certify that _____
(*Student's Name – Please Print*), hereafter student, is living separate and apart from his/her parents, legal guardian, or person having lawful control under court order. This further certifies that the student is residing with _____ (*Person Assuming Responsibility – Please Print*) and he/she has full authority in dealing with school-related matters, shall serve as the student's emergency contact, and has access to the student's educational records.

It is further certified that the student is residing with _____ (*Person Assuming Responsibility – Please Print*) for the purposes other than attendance at the Tioga School District #15 or participation in Tioga School District #15 extracurricular activities. The student is not currently expelled from another school district.

(*Parent Name PRINTED*)

(*Signature of Parent*)

Notary Stamp

(*Parent Address*)

(*City/State/Zip*)

(*Parent Phone Number*)

(*Notary Signature*) (*Date*)

I ASSUME ANY AND ALL PARENTAL RESPONSIBILITIES AND/OR LIABILITIES NORMALLY INCURRED BY THE PARENT/GUARDIAN.

(*Name of Person Assuming Responsibility PRINTED*)

(*Relationship to Student*)

Notary Stamp

(*Signature of Person Assuming Responsibility*)

(*Address*)

(*City/State/Zip*)

(*Phone Number*)

(Notary Signature) (Date)

STUDENT INFORMATION: _____
(Student's Full Name)

(Date of Birth) (Grade)

(School Last Attended) (Address) (City/State/Zip:)
