VALLEY CITY PUBLIC SCHOOL DISTRICT #2 VALLEY CITY, NORTH DAKOTA 58072 FERPA RELEASE FORM FOR PARENTS	Descriptor Code FGA-E3	1st Reading 03/15/21
	Adopted 03/15/21	Revised

FERPA RELEASE FORM FOR PARENTS

Name of student: _____Date of birth: _____

Name of child's school: _____ Grade level: _____

Child's mailing address:
_____

Parent's mailing address (if different):
_____

CONSENT TO RELEASE

The Family Educational Rights and Privacy Act (FERPA) establishes certain rights for parents regarding the privacy of their child's educational record. While family members and other individuals serving in a parent's stead as caretaker may have an interest in the child's record, access to or release of the educational record is only by written parental consent. Parents may choose to complete and submit this FERPA Release Form to allow access or release of their child's educational record. A release form must be completed for each individual to whom a parent wishes to authorize access/ release of his/her child's educational records.

I _____ **[name of parent/legal guardian]** consent to release the information, as indicated below, to:

_____**[list individual's name]**.

Relationship of this individual to the child:
_____

Contact information for this individual:

(Address)_____

(Phone) _____ (Email) _____

TYPE OF REQUEST (NOTE: By selecting the option to release records, the individual listed above will receive all correspondence related to the child's academic record that is mailed to parents):

☐ Academic records: ☐ Access ☐ Release
☐ Disciplinary records: ☐ Access   ☐ Release

☐ All information concerning my child's ☐ 504 Plan   ☐ Individual Education Program
☐ Access   ☐ Release

☐ All other information placed in my child's education record (e.g., accident reports, emergency contact information, administrative notes, etc.): ☐ Access   ☐ Release

ACKNOWLEDGEMENT AND SIGNATURE

I acknowledge by my signature that I understand that, although I am not required to release my child's records, I am giving my consent to release the information. This release will remain in effect while the child is enrolled in _____ **[Name of School District]** unless I revoke such consent.

_____. _____
Parent's signature   Date

RETURN FORM TO:

_____

_____

Date form was returned to school: _____
Received by:
_____