Descriptor Code: FGA-E3

FERPA RELEASE FORM FOR PARENTS

Name of student:	Date of birth:
Name of child's school: Child's mailing address:	Grade level:
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)	
	_(Email)
· · ·	y the option to release records, the individual listed elated to the child's academic record that is mailed to
□ Academic records: □ Access □ Releas	Se
□ Disciplinary records: □ Access □	Release
□ All information concerning my child's □ 5 □ Access □ Release	504 Plan 🛛 Individual Education Program
□ All other information placed in my child's contact information, administrative notes, e	education record (e.g., accident reports, emergency tc.):

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	Jamestown Public School unless I revoke such
consent.	

Parent's signature

Date

RETURN FORM TO:

Date form was returned to school:

Received by: _____

End of Jamestown Public School Exhibit FGA-E3