



**HARRISON CENTRAL SCHOOL DISTRICT**  
50 UNION AVENUE  
HARRISON, NY 10528

**AUTHORIZATION FOR THE RELEASE OF STUDENT RECORDS**

The Family Educational Rights Act (“FERPA”) and the Individuals with Disabilities Education Improvement Act (“IDEA”) require schools and service providers to have written consent from a parent or legal guardian before they can release student records or communicate about a student. In the case of students eighteen (18) or older, written permission of the eligible student must be obtained.

This form will authorize the Harrison Central School District to share and exchange educational records, documents, and information about your child with the person or entity listed below and to permit the person or entity listed below to share and exchange educational records, documents, and information about your child with the Harrison Central School District. As applicable, the release and exchange of information may include, but is not limited to, grades, discipline records, dates of attendance, psychological and other evaluations, diagnostic and state testing, 504 plans, and psychiatric records. In the case of special education students, this release also pertains to the student’s Individualized Education Plan (IEP) and any other related special education records.

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School of Attendance: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Release Information to:

Name/Entity: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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I, the undersigned, hereby authorize the Harrison Central School District to release my child’s educational records, documents, and information to the person or entity listed above. I understand that if I wish to revoke this authorization, it will be necessary to send a written request to the Harrison Central School District. I further understand that any such revocation shall not affect disclosures previously made by the District prior to the receipt of any such revocation.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Eligible Student (if 18 or older)

\_\_\_\_\_  
Date