



CONSENT FOR RELEASE OF INFORMATION

Based on the Education Amendments of 1974 (Family Educational Rights and Privacy Act of 1974), you are asked to complete and sign this form. This consent gives the following person and/or agency permission to request from and/or release to Assets School pertinent information regarding the student. All information will be kept confidential.

I hereby authorize:

Person and/or agency exchanging information with Assets School

Address

City, State, Zip Code

Email Address

Phone Number(s)

to release to and/or to receive from Assets School all relevant medical, educational, social, and/or psychological information regarding:

Student Name (Please Print)

Date of Birth

Current Grade

In addition, I hereby release the above listed agency and Assets School from all liability and all claims pertaining to the disclosure of this information.

This formal consent is subject to revocation at any time but will expire on: _____

Date (may not exceed 1 year)

Signature

Print Name

Relationship to Student

Date

Rationale for this release: Section 438 of Public Law 93-380 (Family Educational Rights and Privacy Act of 1974) states in (b)(4)(B), "personal information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to such information without the written consent of the parents of the student."