

CONSENT FOR RELEASE OF RECORDS AND INFORMATION
Pursuant to 20 U.S.C §1232g; 34 CFR Part 99 (FERPA) and CONSENT TO BE TESTED
FOR COVID-19

To: **Dr. Matthew W. Stover, Superintendent**

of Catawba County Board of Education (aka Catawba County Schools)

Name of School System

From:

Name of Student

Name of Parent/Legal Custodian/ Legal Guardian of Student

Address of Student

Address of Parent/Legal Custodian or Legal Guardian of Student

DOB of Student

Name of Student's School

The undersigned hereby acknowledges and agrees that the educational records and other records or information relating to the above-named student, including personally identifiable information from the above-named student's records, may be protected pursuant to the Family Education Rights and Privacy Act (20 U.S.C. §1232g and 34 CFR Part99) and, therefore, may not be released by the above-named school officials of the above-named educational agency or institution without the written consent and permission of the undersigned.

Officials of the above-named educational agency or institution are hereby authorized to the release, disclose and share with, **employees of Duke University, a tax-exempt research and educational institution located in Durham, North Carolina, acting for and on behalf of its Duke Clinical Research Institute and Duke University Health Care System**, the following records and information relating to the above-named student with and to:

Any and all school records, documents and information relating to the above-named student, including but not limited to, any and all records, documents and information relating to student's medical condition and information, the results of any and all medical tests performed on the student and all information disclosed by the student or student's parent/legal custodian/legal guardian regarding the student's medical condition and student's interaction with others at school, at home and in the community.

The undersigned acknowledges that each has the right to 1) refuse to sign this Consent, 2) revoke this Consent, in writing, by sending written notification to the above-named school officials and education agency or institution, 3) inspect and copy the personally identifiable information and records to be disclosed.

By their signatures affixed hereto, the undersigned hereby consent to the release, disclosure and sharing of information and records relating to the above-named student as set forth herein. In addition, the undersigned consent to Catawba County Public Health employees administering COVID-19 tests in accordance with Duke University Health Care System's Consent to Participate in a Research Study as part of the Test to Stay Program.

Signature of Student

Date

Signature of Parent/Legal Custodian/ Legal Guardian

Date