

Douglas County School District
**Consent Form to Allow Accompanying
Person to Review Record**

For Use by Parent or Eligible Student to Grant Consent

I hereby grant the permission for _____ to accompany me today
Name of Person
during my review of my/my child's education records. I understand that in doing so, the
information maintained in the education records, otherwise protected by Federal and State laws,
may be disclosed with my consent to the above named.

Signature: _____

Name: _____

Date: _____

For Use by Accompanying Person as Affidavit of Non-Disclosure

In accompanying the above signed parent/guardian on this date during his/her review of the
education records of _____, I will be given access to
Student Name
confidential information maintained in the education records of the named student. I understand
that this information is protected under FERPA and State laws. I hereby acknowledge that I
fully understand that the intentional release by me of this information to any unauthorized
person could subject me to penalties imposed by Federal and State laws.

Signature: _____

Name: _____

Date: _____

For official use only

Staff initials: _____ Date: _____