



**Consent to Share Information
Washoe Tribe Education Department (Education Assistance)**

If your answer is **NO** to the following question, you do not need to complete nor return this form to your child’s school:

“Is your child of American Indian or Alaska Native heritage?” YES NO

If ‘Yes’, the Washoe Tribal Education Department work to increase success in your child’s education (grades K-12) in local schools. We can provide your child better assistance by determining his/her needs and areas of difficulty. Therefore, we request access to student information.

In compliance with the Family Education Rights and Privacy Act of 1974, I hereby grant permission for the local county schools to release education record information to the Washoe Tribal Education Programs concerning my son/daughter.

Student Information (Please Print):

Last Name	First Name	Middle Name	Date of Birth
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Print Name	Address
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Print Name	Address
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Parent/Guardian (Print Name)	Parent/Guardian (Signature)	Date
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Such information may include:

- Transcripts
- Progress Reports/Assignments
- Attendance
- Student schedules/calendars
- Report Cards
- Test Data & Competency Reports
- Citizenship/Behavior Records

Written consent of parents is required for the release of personally identifiable records or other information protected by the Family Education and Privacy Act to agencies or individuals. Agencies or individuals may not share information with any other party without the written consent of the parents unless entitled to do so under FERPA 99.33.

You may revoke this authorization at any time by contacting the Washoe Tribal Education Director or Site Representative. Unless revoked earlier, this consent will remain in effect until the student enrolls in a new school, at which time a new authorization will be required. If contact or communication between the Washoe Native TANF education staff and parent(s)/guardian(s) does not successfully occur after three (3) attempts, services provided by our program may cease.

Note: The party receiving the educational records is hereby notified of the following:

- (1) The educational records are to be used only for the described purpose;
- (2) The educational records may not be re-disclosed without written consent of the parent, guardian, or eligible student.

School Office Use Only:

Records provided on _____ to _____	_____
Date	Name of Individual/Department
Signature of Designated Office Staff Fulfilling Request _____	_____
	Date