

Family Educational Rights and Privacy Act (FERPA)

Authorization for Release of Information



DATE: _____ STUDENT NAME: _____ DOB: _____

With some exceptions, the law (Family Educational Rights and Privacy Act) does not allow Liberty Public Schools to give information about your student to outside individuals. If you want the district to be able to communicate about your student with certain people, you may choose a person(s) or agency that the district can talk to. For example, you may allow the district to provide certain or all information to the student's stepparent, grandparent or other relative, a family friend or any other chosen individual or agency.

I, _____, authorize Liberty Public Schools to release information regarding my child, _____ to the following individual(s) or agency _____.
Please provide the agency fax, email, or phone number: _____.

I authorize the release of the following information:

All medical, social, psychological, psychiatric, educational, and other pertinent information

I authorize the release of only the following selected information:

All medical information

All social information

All psychological information

All psychiatric information

All educational information

Other: _____

This authorization expires on: _____ (If this is left blank, this authorization will expire 365 days from the date below.)

I understand that I am not required to sign this authorization and, if signed, I may revoke this at any time except to the extent that actions have been taken in reliance of this authorization.

I understand that medical records may include HIV, psychiatric, or substance abuse information. This information may be protected by Federal and State laws and regulations.

I authorize the individual or agency above to discuss with the school or school employee my student and his or her information shared by the individual or agency with the school or school employee and I authorize the school and school employees to share and discuss education information and other confidential matters about my child with the individual and agency named above.

A signature below indicates my authorization for release of information as indicated to the individuals listed. A signature also indicates my authorization that school officials release education-related information about the listed child or children in electronic format.

(Signature of Parent/Guardian)

(Relationship to Student)

(Date)