



MOUNT VERNON CITY SCHOOL DISTRICT
Office of Pupil Personnel Services
Mount Vernon, New York 10550
Phone: (914) 358-2380 Fax: (914) 665-5170

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT
STUDENT RECORDS RELEASE FORM

Student Name: _____ Student DOB: _____

Student Authorization for Disclosure

Family Educational Rights and Privacy Act (FERPA) is a federal law which sets forth requirements regarding the privacy of student records. For complete information regarding FERPA, please visit <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html> You may also request a copy of the relevant regulations from the District.

Authorized Consent for Release of Records

I understand that under the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, these records will not be released to a third party without my approval. I hereby authorize Mount Vernon City School District to discuss and/or disclose the below identified educational records for the above student to the following individual(s):

Name of Authorized Person(s) to whom records may be disclosed and / or discussed: _____
Relationship to Student: _____
Address: _____ City: _____ State: _____ ZIP: _____
The purpose of this disclosure is: _____
The records which may be disclosed and/ or discussed include: _____

Please check all that apply:

☐	Complete Transcript	☐	Current Grades	☐	Achievement Test Scores
☐	NYS Assessment Scores	☐	Individualized Education Program (IEP)	☐	Social History
☐	Psychological Evaluation	☐	Educational Evaluation	☐	Speech-Language Evaluation
☐	Medical Evaluation	☐	Neurological Evaluation	☐	Psychiatric Evaluation
☐	Immunization Records	☐	Other:		

If documents are disclosed to the above identified person(s), I hereby request a copy of said records be provided to me (Circle One): Yes ☐ No ☐

I have carefully read the foregoing authorization and fully understand the meaning and intent of this document. I understand the foregoing release shall remain in effect until withdrawn by me in writing. I affirm that I have signed this authorization voluntarily.

Parent Name (Print): _____

Parent Signature: _____ Date: _____