

**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 <http://www.ed.gov/policy/gen/guid/fpc/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 **Middle Country Central 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: <input type="checkbox"/> All Records <input type="checkbox"/> Specific Records (please specify): _____			
_____			

If documents are disclosed to the above identified person(s), I hereby request a copy of said records be provided to me (Check 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 I understand the foregoing release shall remain in effect until withdrawn by me in writing.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:** \_\_\_\_\_