

Family Educational Rights and Privacy Act (FERPA)

Information Disclosure Consent

Name of Student

Date of Birth

Student ID

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records and requires the consent of the parent/guardian prior to the disclosure of personally identifiable student records unless the disclosure is specifically authorized by one or more provisions of FERPA. If the student is aged 18 or older or is attending a postsecondary school, the student should complete this consent form instead of the parent/guardian. Please visit <https://studentprivacy.ed.gov/ferpa> for additional information regarding the exceptions under FERPA which authorize school divisions to release student records and information to certain parties under specified conditions without prior written consent.

DPS organizes the student educational record into the categories set forth in the following list. If you wish DPS to provide access to the student's entire student educational record to the person or organization you identify below, please select "All of the Above." If you wish to provide access to only certain portions of the student's student educational record, please select any of the specific categories listed above that choice and the disclosure will be limited only to records in the category or categories selected. If you wish to specify a record or records that are not listed in the categories provided, please select the "Other" option, and clearly identify the record or records you wish to be disclosed.

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| ☐ Cumulative | ☐ Gifted Education |
| ☐ Transcript Only | ☐ Special Education/Intervention |
| ☐ Test Scores | ☐ English Language Learner |
| ☐ Attendance Records Only | ☐ Other: (please specify) _____ |
| ☐ Clinic/Health | ☐ All of the above |
| ☐ Behavior/Discipline | |

Please list any persons or organizations to whom you grant permission for DPS to disclose the records you have selected above. If you wish to authorize additional disclosures, you may submit additional forms.

Name	Phone	Email	Purpose

By signing this document, I am confirming: (1) that I am authorized to provide consent to disclose the student's records because I am the student's parent or legal guardian or because I am the student and I am aged 18 or older or I am attending a postsecondary school; (2) that I am giving my consent for DPS to disclose the student records I have identified above to the persons or organizations I have identified above. I understand that by granting this consent, I am also authorizing DPS to discuss the contents of these records with the persons or organizations I have identified; (3) that this consent will continue unless or until I notify the DPS in writing that I revoke my consent. I also understand that I may revoke my consent at any time; and (4) I acknowledge the retention/disposition notice highlighted below.

Parent/Guardian or Eligible Student Signature (required)

Date