AUTHORIZATION TO RELEASE OR DISCUSS EDUCATIONAL INFORMATION

[Parent/Guardian]

PLEASE COMPLETE ALL SECTIONS

My name is _____ (print full name). I am the biological parent or legal guardian of _____ (Student's Full Legal Name), whose date of birth is _____ (month, date, year).

At this time, the child's enrollment status is (checked below):

- ☐ Enrolled Student at _____ (list school)
- ☐ Not enrolled Student (former student).

By signing this Authorization, I represent that my parental/guardianship rights have not been terminated or relinquished and there is no court order or agreement that states that I may not have access to educational information or records about my listed son/daughter/legal child.

As the parent/guardian of the above-referenced student, I hereby authorize **Henry County Schools by and through the Henry County Board of Education** to release or discuss any and all education records or information regarding the above-referenced student with the following: _____ (list person(s)/organization/entity).

The purpose of this disclosure is _____ _____.

The party receiving the above specified records acknowledges that information from these records cannot be disclosed to any other party without my prior consent.

_____
Signature of Parent/Guardian
(If Student is Under 18 Years of Age*)

_____
Date

**** If Student is 18 years of age or older, only the Student may authorize the release of his or her education records.**

The authorization granted by this Release will be interpreted consistent with the federal Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g *et. seq.*; the federal Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. § 1232h *et. seq.*; the federal Children's Online Privacy Protection Act (COPPA), 16 C.F.R. §312 *et. seq.*; the federal Individuals with Disabilities Education Act (IDEA), 20 U.S.C. §1415 *et seq.*; and the Georgia Student Data Privacy, Accessibility, and Transparency Act (SDA), O.C.G.A. § 20-2-660 *et seq*.

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