

Pathway Opt-In Form for FERPA Concerns

Dear Parents/Guardian,

We are contacting you because your student's record indicates that under FERPA, we have been instructed not to share your student's name and ID number with entities outside of the district. However, we want to alert you to a service we are offering. Tacoma Public Schools (TPS) and Tacoma Public Library (TPL) are partnering to offer the **Pathway Program to all preK-12 grade students** that allows them to use their **student ID as a Tacoma Public Library card**. This is in addition to, and separate from, a library card that a student may already have.

Through the Pathway Program, TPS Student IDs will allow them to...

- Borrow 5 items from any **Tacoma Public Library** location. (No access to DVDs or video streaming.)
- Incur **No overdue fines or fees** for items checked out with a TPS student ID
- Borrow up to 20 digital items (ebooks or audiobooks) through the **Tacoma Public Library** website and Overdrive, a digital media provider.
- Use computers with internet access at any of the 8 library locations and online access to educational resources for school
- Receive free on-line, one-on-one homework tutoring in English and Spanish for a variety of subjects

For more information go to <https://www.tacomalibrary.org/pathway-partnership/>.

What student information will Tacoma Public Schools share with Tacoma Public Library? Student's Name, School Building Name, Grade Level, and Student ID number. No other information will be shared.

Privacy: To accommodate families with privacy concerns, parents/guardians can complete the form below allowing TPS to share the above information with **Tacoma Public Library only**. This accommodation allows families the privacy requested, but enables enrollment in Pathway. To opt in to Pathway, please complete the below form.

***Please note, allowing your child to participate in Pathway Program, you agree to accept responsibility for monitoring their usage.**

Yes, TPS can share the above information with TPL allowing my child to participate in Pathway. Return Opt-In form to your school librarian. Your child's student number will become their Pathway library card.

Child's Name (Print) _____

School _____ Grade _____

Parent or Guardian's Name (Print) _____

By signing this form, I understand my child will participate in the Pathway Program

Parent/Guardian (Signature): _____ Date _____