



**TRACY**

UNIFIED SCHOOL DISTRICT

1875 W. Lowell Avenue  
Tracy, CA 95376  
www.tracy.k12.ca.us

**TRACY UNIFIED SCHOOL DISTRICT**  
**Jason Noll**

**Director of Student Services and Curriculum**  
**(209) 830-3280**  
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**FERPA**

I, \_\_\_\_\_ give educational and medical rights to,  
(parent/guardian name)

\_\_\_\_\_, in my absence for my child,  
(please print name/relation)

(Child's name) \_\_\_\_\_.  
(please print name)

**I know that this will be placed in my student's CUM until I personally request its removal in writing.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Notary Public: \_\_\_\_\_

**OR**

Signature of TUSD employee \_\_\_\_\_

AND

Attach copy of state license or identification with picture on it for granted individual

*\*\*FERPA is to be utilized as a form in which extends medical and educational rights to a relative/Aeries contact, i.e., grandparent, stepmom/stepdad\*\**