

FERPA CONSENT TO RELEASE ADULT STUDENT INFORMATION

TO: Nassau BOCES Adult Evening Program

I authorize Nassau BOCES to release information, including personally identifiable information, from my educational records. I understand that this authorization is limited to disclosure only and does not grant permission for changes to student records, nor cover protected health information.

A. Student's Name: (Print Clearly) Last Name First Name		B. To "revoke all" persons previously listed, check this box and skip to Section H. ☐	
C. Release information to: (Print Name 1) (Relationship) (Address) (Print Name 2) (Relationship) (Address) <i>Note: The release to the above lister person(s) will be in effect until such time that a new release form is issued authorizing the revocation of all by checking the box in Section B. This form is the only acceptable method of issuing such revocation</i>			
D. Check either "Yes" or "No" but not both: Can parents claim you as a dependent for federal income tax purposes? ☐ Yes ☐ No (Note: Proof may be required).			
E. The only type of information that is to be released under this consent is: <i>(Check all that apply)</i> ☐ All Records ☐ Attendance ☐ Test Grades ☐ Performance Evaluations ☐ Disciplinary Records ☐ Course Grades ☐ Recommendations for employment or admission to other schools ☐ Other (specify) _____			
F. The information is to be released for the following purpose: <i>(Check all that apply)</i> ☐ Family communications about continuing education experience ☐ Employment ☐ Admission to an educational institution ☐ Other (Specify) _____			
G. Records may be provided: <i>(Required: Check all that apply)</i> ☐ Orally ☐ Written ☐ Both			
H. I understand the information may be released orally or is in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records) and certain letters of recommendation for which the student waived inspection rights). I also attest that I understand my rights granted pursuant to FERPA and that such signature shall serve as a waiver or said rights to the extent described in the consent form. I understand that I may revoke this Consent at any time. Parent or Legal Guardian's Name only if student is a dependent Student Name (Print) _____ Home Telephone No. _____ Parent or Legal Guardian's Name only if student is a dependent Signature _____ Date _____ Cell No. _____ Email _____ <i>On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, know to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained. In witness hereof, I hereunto set my hand and official seal.</i> _____ Notary Public Signature			

Office Use Only:

If adult student is a dependent of named person(s), has proof been provided and reviewed? ☐ Yes ☐ No

Date Received: _____ Administrator Signature: _____ Date: _____

INSTRUCTIONS

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[Please note: This form is NOT to be used for requesting an official or student transcript. For that purpose the Transcript Order Form available at this website must be used].

Purpose of this form: The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. These rights include: Access, Right to File a Complaint, Public/Directory Information, Parental Access to Student Information, Release of Information to a Third Party, Revoke Release of Information.

Section A:

Student's name: *Print* Your Last Name, First Name

Name 1 Print the first and last name of the family member or employer to allow the release of information, List Relationship, such as "parent" or "employer"

Name 2 As per above.

Section B:

"Revoke all"

Check this box if you previously gave written consent but now do not want any of our information to be released. This form is the only acceptable method of filing such revocation. Note: the latest FERPA form received will stay in effect indefinitely until replace by a later form. If you check this box, skip directly to Section H. You must sign and date in the presence of a Notary Public.

Section C:

List the name(s) of the person(s) or employer(s) you are authorizing to receive your educational records. Include the relationship to the employee such as "parent" or "employer" and the full address.

Section D:

You must check either Yes or No. Can parents claim you on their tax return as an eligible dependent?

Section E:

Place check mark(s) or "X" alongside each type of information you are giving consent to release.
If you select "all records", then you may leave the other types blank.

Section F:

Place check mark(s) or "X" alongside each purpose for which you are giving consent to release.

Section G:

Place check mark(s) or "X" alongside your consent to the oral release of records, written release of records or both.

Section H:

Read carefully the statements. If you agree, then print your name, You must sign your name and date in the presence of a Notary Public. You must also include your telephone number.

REMINDER: THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

Please Note: *Incomplete or illegible forms will not be honored.*

You may mail, fax, or bring the form to our office:

Mailing Address:
(Nassau BOCES Program/School):

Adult Evening Program (FERPA)
1196 Prospect Ave.
Westbury, NY 11590

Fax Number: (516) 832-2853

Non-Discrimination Statement

The Nassau BOCES offers employment and educational opportunities without regard to age, color, creed, disability, familial status, gender, gender expression, gender identity, marital status, military/veteran status, national origin, predisposing genetic characteristics, race, religion (including religious practice and/or expression), sex (including pregnancy, childbirth, or related medical condition), sexual orientation or victim of domestic violence status. In accordance with Federal law, the Nassau BOCES shall provide equal facility access to the Boy Scouts and other designated youth groups. The Nassau BOCES shall not discriminate or take any retaliatory action against an employee with respect to compensation, terms, conditions or privileges of employment because of the employee's or dependent's reproductive health decision-making. Additional information is available by contacting the following individuals: Sammy Gergis, Assistant Superintendent, Human Resources & Education Management, Department of Human Resources at 516-396-2358, sgergis@nasboces.org and/or Mark Raimondi, Assistant Director, Department of Human Resources at 516-396-2347, mraimondi@nasboces.org. For further information, please see Policies 0100 Equal Opportunity and Non-Discrimination; 0110 Sexual Harassment and 0115 Dignity for All Students Act. A complete version of the Non-Discrimination Statement and the Policy Manual are available on the Nassau BOCES website at www.nassauboces.org.