



Release of Information Form (In accordance with FERPA)

Student Information:

- **Student's Full Name:** _____
- **Date of Birth:** _____
- **School Name:** _____
- **Grade Level:** _____

Parent/Guardian Information:

- **Parent/Guardian Name(s):** _____
- **Relationship to Student:** _____
- **Phone Number:** _____
- **Email Address:** _____

Third-Party Service Provider Information:

- **Name of Service Provider/Organization:** _____
- **Contact Person:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Services to be Provided:** _____

Purpose of Disclosure:

By signing this form, I hereby give permission for the designated school officials to disclose information and have information disclosed to them regarding the student's educational records to the above-named third-party service provider for the following purpose(s):

- ☐ Academic Support
- ☐ Psychological Services
- ☐ Behavioral Support
- ☐ Speech Therapy
- ☐ Special Education Services
- ☐ Health/Medical Services
- ☐ Other (please specify): _____



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Information to be Released:

- Academic Records
- Behavioral Records
- Health/Medical Records
- Psychological Evaluations
- Individualized Education Plan (IEP)
- Other (please specify): _____

Duration of Consent:

This release of information will remain in effect from the date signed until:

☐ One-time use only

☐ Date: _____

☐ Until the student's educational status changes

☐ Until otherwise revoked in writing

Consent and Acknowledgment:

I understand that:

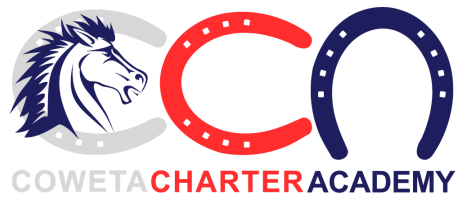
1. I am granting permission for the school to share the selected student information with the above-named third-party service provider.
2. This release is voluntary and I can revoke this consent at any time in writing.
3. I have the right to inspect and review the records to be released, upon request.
4. This release does not authorize the third-party service provider to disclose the information to others without further consent.
5. The information disclosed will be protected by FERPA and other relevant laws regarding student privacy and confidentiality.
6. This release is valid only for the purpose stated and the specific duration outlined above

Revocation of Consent:

I understand that I may revoke this consent at any time by providing written notice to the school. The revocation will take effect upon receipt, but will not apply to any disclosures made prior to the revocation.

Signature of Parent/Guardian:

- Signature: _____
- Date: _____



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Signature of School Official (if required):

- **Signature:** _____
- **Date:** _____
- **Title:** _____