



# FERPA RELEASE FORM

**CONSENT TO RELEASE** The Family Educational Rights and Privacy Act (FERPA) establishes certain rights for parents/guardians regarding the privacy of their child's educational record. While family members and other individuals serving in a parent's/ guardian's stead as caretaker may have

an interest in the child's record, access to or release of the educational record is only by written parent/guardian consent. Parents/guardians may choose to complete and submit this FERPA Release Form to allow access to or release of their child's educational record. A release form must be completed for each individual to whom a parent/guardian wishes to authorize access/release of his/her child's educational records.

Name of the Student(s)	Date of Birth	Grade Level	School

I, [name of parent/legal guardian] \_\_\_\_\_

consent to release the information, as indicated below to myself or to: \_\_\_\_\_ (individual's name).

Parent's/Guardian's mailing address (if different from child's): \_\_\_\_\_

Relationship of this individual to the child: \_\_\_\_\_

### Contact information for this individual if not residing with child

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of request (Note: by selecting the option to release records, the individual listed, above will receive all correspondence related to the child's academic record that is provided to parent/guardians):**

- Academic Records:       Access     Release
- Disciplinary Records:     Access     Release
- 504 plan:                     Access     Release
- IEP:                             Access     Release
- Other information ( e.g. health records, accident reports, emergency contact information, etc.):     Access     Release

Description: \_\_\_\_\_

How to send the documentation: \_\_\_\_\_

**Acknowledgment and Signature** I represent and warrant that the foregoing information is true and correct and that I am authorized to sign this FERPA Release Form. I acknowledge by my signature that I understand that, although I am not required to release my child's records, I am giving my consent to release the information. This release will remain in effect while the child is enrolled in the Provo City School District unless I revoke such consent.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### NOTARIZATION (to be used in the event the signor does not appear in person to affirmatively provide proof of identity)

State of Utah, County of \_\_\_\_\_  
On this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, a notary public, personally appeared \_\_\_\_\_  
proved on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and acknowledged (he/she/they) executed the same.

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

RETURN FORM TO: Provo City School District Student Services - 280 W 940 N Provo UT 84604

FOR INTERNAL USE ONLY:

RECEIVED BY: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ Completed by: \_\_\_\_\_ Date sent: \_\_\_\_\_ Via: \_\_\_\_\_