FERPA CONSENT TO RELEASE STUDENT INFORMATION

To: Records Access Officer Mount Vernon City School District 165 N. Columbus Avenue Mount Vernon, NY 10553

Date:

Name of Student:

D.O.B.

Social Security No.

I, _____, parent or legal guardian of ______, hereby consent to the disclosure and release of the following reports and records: all educational records including, but not limited to, admissions papers, enrollment contracts, tuition payments, academic reports, progress reports, therapy notes, report cards, counseling or therapy reports/summaries, academic assessments, curricula, physical intervention/SAMA reports, student discipline records, evaluations, observations, standardized test results, raw data, test protocols, parent questionnaires, notes, e-mails and/or correspondence.

I consent to this disclosure and release for the following purposes:

Please allow disclosure of all above mentioned records and release copies of the records listed above to _____

This release is valid for 365 days from the date of its execution.

I understand that by signing this release I am waiving my right to nondisclosure of my child's education records as guaranteed by the Federal Family and Educational Rights Privacy Act ("FERPA"), 20 USD §1232g. I understand that I have the right not to consent to disclosure of my child's education records to a third party. I understand that I have the right to receive a copy of my child's education records upon my request. I further understand that by signing this release I am authorizing and giving my informed consent to

______, (including but not limited to its agents, employees, administrators, teachers and staff) to disclose the education records of my child to a third party.

Parent or Legal Guardian of _____

Sworn to before me this day of

, 20__.

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT.