



# South Colonie Central School District

## Authorization for Release of Records/Information

### PURPOSE OF AUTHORIZATION FOR THE RELEASE OF RECORDS

The Federal Family Educational Rights and Privacy Act (FERPA) requires schools to have written consent from a parent or legal guardian before releasing education records.

### STUDENT INFORMATION

Date of Request: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Last School in Attendance: \_\_\_\_\_ School Phone No.: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ School Fax No: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

### USE AND DISCLOSER INFORMATION

I, the undersigned, do hereby authorize \_\_\_\_\_

*(name of agency or educational institution maintaining records)*

to disclose and deliver the complete education records maintained under the above name including but not limited to the following (Please check all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Grades and transcripts     | <input type="checkbox"/> Psychological & Educational Testing | <input type="checkbox"/> Verbal Information         |
| <input type="checkbox"/> School health records      | <input type="checkbox"/> Special education records           | <input type="checkbox"/> Discipline                 |
| <input type="checkbox"/> ELL Scores (if applicable) | <input type="checkbox"/> Athletic Information                | <input type="checkbox"/> Other (specify line below) |

The reason for disclosing the record(s) is: \_\_\_\_\_

The education records checked above shall be delivered to:

**Name:** DeNeen M. Bogdanowicz

**Title/Organization:** Central Registrar, South Colonie Central School District

**Address:** 102 Lorelee Drive, Albany New York 12205

**Telephone No:** (518) 869-3576, Ext. 0454 **Fax No:** (518) 869-0538

**Preferable Method of Transmission:** Email: Bogdanowiczd@scolonie.org

I understand that the information obtained by the South Colonie Central School District will be treated in a confidential manner under provisions of the Family Education Rights and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances.

I understand that my consent for the release of records is voluntary, and I can withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under prior consent for release.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
South Colonie Central Registrar

\_\_\_\_\_  
Date