



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. 2454

Preferable Method of Transmission: Fax (518) 869-0538

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