**FERPA Consent to Release Educational Records**

I consent to the disclosure of the following educational records of my child.

**Please Print:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Last Name First name Middle Name Date of Birth

The following education records may be disclosed. Please initial the records to be release in the boxes provided below.

|  |  |  |
| --- | --- | --- |
| Academic | Athletics / Activities | Attendance |
| Cumulative File | Behavior | ELL |
| Health | Psychological | Special Education |

Other

The education records should be disclosed to the following:

Community of Bilingual English-Spanish Speakers (CBESS), University of Nevada, Reno, MS/ 0432 Reno, NV 89557

Print Name Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent, Guardian, or Student (if 18 or older) Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Written consent of parents is usually required for the release of personally identifiable records or other information protected by the Family Education and Privacy Act to agencies or individuals. Agencies or individuals may not share information with any other party without written consent of the parents unless entitled to do so under FERPA 99.33.

You may revoke this authorization at anytime. Unless revoked earlier, this consent will remain in effect for **2 years** from the date of signing the release form.

Note: The party receiving the educational records is hereby notified of the following:

1. The educational records are to be used only for the described purposes;
2. The educational records may not be re-disclosed without written consent of the parent, guardian, or eligible student.