AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

Carefully read the information below.

After completing this form, submit it to the New York City Department of Education to release educational records pertaining to your child or you.

In accordance with the Family Educational Rights and Privacy Act of 1974 ("FERPA"), the New York City Department of Education must obtain written consent from a parent or eligible student before disclosing a student's educational records containing personally identifiable information. (An eligible student is someone who has reached 18 years of age or is attending an institution of postsecondary education.) To have such educational records for your child or you disclosed, you must do the following:

1. sign and date this form;
2. specify which records are to be disclosed;
3. identify the parties or class of parties to whom the disclosure may be made; and
4. provide the purpose of or reason for the disclosure.

You may also request that the New York City Department of Education provide you and/or the student with a copy of the records disclosed.

To: New York City Department of Education T.E.A.C.H. Student's Name: _____
Student's Date of birth: _____ 800 Van Siclen Avenue Brooklyn, NY 11207 If known, student's OSIS: _____

I, _____, am:
(print name)

Check one:

- ☐ The parent or legal guardian of the student listed on this form; or
- ☐ The student listed on this form. I am at least 18 years of age or attend an institution of postsecondary education.

I give my written consent to the New York City Department of Education to disclose the student's educational records, as I have specified on this form, to the party(ies) and for the purpose listed below.

The educational records that may be disclosed are:

Check one:

- ☐ all educational records pertaining to me or my child, including, but not limited to, all attendance, academic, medical, psychiatric, psychological, social history, anecdotal, special education, and early intervention records.

OR

the following educational records:

_____

_____

_____

The party(ies) to whom the student's educational records may be disclosed is/are:

_____

_____

_____

_____

The purpose or reason for the disclosure is:

_____

_____

_____

_____

I understand that my written consent will last as follows:

Check one:

☐ Remains in effect until I notify the New York City Department of Education in writing to cancel it.

OR

☐ Is limited to a single disclosure of records.

OR

_____

_____

_____

I further understand that I may withdraw the consent that I have given in this authorization by notifying the New York City Department of Education in writing at the address listed above that I withdraw my consent.

Dated: _____

_____ (Signature of parent or eligible student)

_____ (Print name of parent or eligible student)

You are advised to keep a copy of this consent form for your records.