

## Request (to release) Data from a Student's Education Record

### Explanation of Your Rights

- You have the right to choose what data we release according to this consent form. This means you can let us release all of the data, part of the data, or none of the data listed on this form. Before you give us permission to release the data, we encourage you to review the data listed on this form.
- You have the right to let us release the data to all, some, or none of the persons or entities listed on this form. This means you can choose which entities or persons may receive the data and what data they may receive.
- You have the right to ask us to explain the consequences for giving your permission to release the data.
- You may withdraw your permission at any time. Withdrawing your permission will not affect the data that we have already released because we had your permission to release the data.
- If you have a question about anything on this form, or would like more explanation, please talk to *[entity contact person name and contact information]* before you sign it.

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I, *[name of parent/guardian/eligible student]*, give my permission for *[name of education agency or institution]* to release data about *[name of student/me]*.

1. The specific data that *[name of education agency or institution]* may release are: *[explanation of records]*.
2. The specific persons or entities that the data may be disclosed to are: *[names of persons/entities]*.
3. The purpose of the disclosure is: *[description of the reason for disclosure]*.
4. I understand that although the data are classified as private at *[name of education agency or institution]*, the classification/treatment of the data by *[name of other entity or person]* depends on laws or policies that apply to *[name of other entity or person]*. *[Include other known consequences.]*

This authorization to release expires *[date/time of expiration]*.

- Check this box if you would like to request a copy of the records disclosed.
- Check this box if you are a parent and would like your student to receive a copy of the records disclosed.

Parent/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

OR

Eligible student's signature \_\_\_\_\_ Date \_\_\_\_\_

*[Note: An education agency or institution may use electronic consent forms requiring an electronic signature as long as two conditions are met: (1) the signature must identify and authenticate a person as the source of the consent, and (2) the signature must indicate the person's approval of the information in the electronic form.]*