# FERPA RELEASE FORM

Permission for Access to Non-Directory Information

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<ul> <li>Doctors may receive <u>attendance information</u> and academic information is not to be re</li> </ul>	ation only from your child's school district. Behavioral eleased.
<ul> <li>All permissions granted will stay in effect to the front desk at your doctor's office.</li> </ul>	t until revoked by the parent. Please return this form
SEE BACK PAGE FOR DEFINITIONS OR RECORDS.	OF FERPA, EDUCATIONAL RECORDS, AND PUBLIC
☐ I give permission for my child's doctor to	have access to his or her school attendance records.
☐ I give permission for my child's doctor to appointments resulting in missed time from	send an excuse note directly to the school, for the om school.
$\square$ I give permission for my child's doctor to	speak to the school nurse and/or guidance counselor
PLEASE PRINT CLEARLY	
Release to OR Cancel release TO	Name
Print Student's Name	Student Number
Print Parent Name	
Parent's Signature	Date

## WHAT IS FERPA?

The Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) prohibits access to, or release of, educational records or personal identifiable information contained in such records (other than directory information) without the written consent of the parent/student.

### WHY SHOULD I SIGN THIS FORM?

If you sign this form, the doctor you have given access to will be able to discuss your child's attendance to assure the best interest of your child remain at the center of every medical decision made.

### **CAN I CHANGE MY MIND?**

Yes. If you decide that you no longer want others to have access to your child's records just fill out a new form and cancel the release.

### WHAT TYPES OF INFORMATION WILL BE RELEASED TO THE DESIGNATED PARTIES IF I SIGN THIS RELEASE?

Attendance records only.