

Regulation

STUDENTS

7240.5

AUTHORIZATION TO ACCESS OR DISCLOSE CONFIDENTIAL EDUCATION
INFORMATION OR RECORDS REGARDING PRE-SCHOOL, ELEMENTARY, AND
SECONDARY EDUCATION

In accordance with the Family Educational Rights and Privacy Act of 1974 ("FERPA"), the Utica City School District 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. Pursuant to FERPA and District Policy 7240, 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.

Please submit the following completed form, signed, and dated to: Utica City School District; Attention to your child's building principal.

Student's Name: _____

Student's Date of birth: _____

Student Address: _____

I, _____ (print name) am:

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.

My mailing address is:

My daytime telephone number, with area code, is:

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I specifically authorize and give my written consent to the District to release the confidential educational record(s) and information as I have specified on this form, to the specific parties listed, and for the purpose listed below. I affirm that I know of no reason for which I am lawfully prevented from authorizing the release of the requested confidential educational record(s), information, or data.

The education records that may be disclosed are (check applicable box):

☐ All requested educational record(s), information and/or data (including, but not limited to, all attendance, academic, medical, psychiatric, psychological, social history, anecdotal, early intervention, and special education, if any.)

☐ Requested special education records, only (may include, but not limited to: Individualized Education Program (“IEP”), psychological/physiological assessments, and therapies.)

☐ Other, specify:

Note: this authorization applies to only records possessed or maintained by the District

I hereby give the District permission to provide the educational record(s), information, or data about my child (or myself) to the following third party. (Fill in name, address, phone, and any other contact information such as email address.):

Safe Schools _____

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The purpose or reason for the disclosure is:

Transitional Housing (eligible for McKinney-Vento) _____

Note: I understand that this authorization shall remain in effect until it is revoked by me, in writing, and provided to the District at the address listed above.

Do you authorize the District to transmit protected educational record(s), information or data via email (check box):

No

Yes (Please provide email address of either yourself or the person/agency the records will be sent to): _____

Identity Verification and Authorization

I understand the District will rely on this document both for verification of identity and as authority to provide consent to release confidential educational record(s), information or data.

Furthermore, I declare and affirm under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

Signature

Date

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

Utica City School District
Superintendent Approved: 09/08/23