



PURPOSE: As a parent or guardian (adult student) you have the right to give permission or not give permission for the release of your child's (your) records with other persons or agencies. This request provides you with the opportunity to approve or not approve such a request unless release of records is allowed under one of the exceptions under the rules implementing the federal Education Rights and Privacy Act (for example, transfer of records from one school district to another). It also provides you the opportunity to talk with the school district and ask for an explanation as to why the information is being requested and by whom.

AUTHORIZATION FOR EXCHANGE OF INFORMATION & RECORDS

Student name: _____ Date: _____

Student ID#: _____ DOB: _____

School district: Seattle Public Schools

I hereby authorize the release of information & records:

From: _____ To: _____
(Name of agency/person) (Name of agency/person)

Street Address

Street Address

City, State, Zip

City, State, Zip

Describe records to be disclosed:

The reason for disclosing the record(s) is:

I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission.

Parent/guardian/adult student signature

Date

Street address

City, state, zip