



# WESTMONT HILLTOP SCHOOL DISTRICT

## FERPA CONSENT TO RELEASE STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student educational records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. Generally, schools must have written permission from the parent or eligible student in order to release information from a student's education record. The purpose of this form is to provide the required consent for the Westmont Hilltop School District to release educational records upon specific request of the parent/guardian and/or eligible student (student age 18 or over or enrolled in post-secondary institution).

### PLEASE COMPLETE ALL EMPTY FIELDS

To: WESTMONT HILLTOP SCHOOL DISTRICT:

I, \_\_\_\_\_ (name of authorizing parent/guardian/eligible student) hereby request and consent to the release of information from the educational records of \_\_\_\_\_ [name of student] to the following individuals:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Purpose for Release of Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational Records and Information to be Released:** [Please check all that apply]

- Transcript
- Disciplinary Records
- Other (please specify) \_\_\_\_\_

***I, the undersigned, hereby request and authorize the Westmont Hilltop School District to release to and/or discuss the above-specified educational records and information with the individual or entity identified above for a period of one year extending from the date this authorization.*** I understand the information designated above may be released orally or in the form of copies of written records, and that I have a right to inspect any written records released pursuant to this Consent.

I understand I may revoke this Consent upon providing written notice to the Office of the Superintendent of Schools of the Westmont Hilltop School District. I further understand that unless/until this revocation is made, this consent shall remain in effect for one year and that the education records/information identified above may continue to be provided to the individual identified above, for the specific purpose described above, during this period. I understand that I am not required to complete this consent to release records, and confirm that my completion of this form is entirely voluntary.

My signature below signifies and affirms that I have read and understand the information above, that I knowingly, willingly, and voluntarily consent to the release of the education records/information identified above, and that I am the parent/legal guardian of the student identified above and/or that I am the student identified and am age 18 or over.

\_\_\_\_\_  
Parent/Legal Guardian/Eligible Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian/Eligible Student

\_\_\_\_\_  
Date