



FERPA RELEASE FORM

The Family Education Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA affords parents the right to have access to their children’s education records, the right to seek to have the records amended, and the right to have some control over the disclosure of personally identifiable information from the education records. When a student turns 18 years old, or enters a postsecondary institution at any age, the rights under FERPA transfer from the parents to the student (“eligible student”). However, if the parent can provide proof that the student was claimed as a dependent in the previous income tax year, the parent may have access to the student’s educational records.

In accordance with FERPA, it is Beaumont Independent School District’s policy to withhold certain educational records without the expressed, written consent of the parent/legal guardian or “eligible student.” The purpose of this form is for the parent/legal guardian or “eligible student” to give permission to a specified person to access the student’s confidential education records. **This form is not intended for use as a Power of Attorney, whereby the parent/legal guardian or “eligible student” authorizes decision making power for, or on behalf of, the student.**

I, the undersigned, hereby authorize _____ (print name of school) to release/discuss the specified educational records and information to the person identified. This release form is effective until Revoked or ____/____/____ (Clearly list expiration date of this authorization)

<input type="checkbox"/> Review of all Educational Records or specify individual records [Please check all that apply]	
<input type="checkbox"/> Academic Records (<i>grades, progress report, transcript</i>)	<input type="checkbox"/> Attendance Records (<i>absences, enrollment, truancy</i>)
<input type="checkbox"/> Birth Certificate/ Social Security Card	<input type="checkbox"/> Discipline, Behavior Records
<input type="checkbox"/> Financial Records (<i>fees, payments, accounts</i>)	<input type="checkbox"/> Health Records
<input type="checkbox"/> Special Program Records (<i>504, Dyslexia, G/T</i>)	<input type="checkbox"/> Special Education Records
<input type="checkbox"/> Other: [Briefly explain]	

STUDENT INFORMATION:	
Print Student’s Full Name:	Local ID:
Birth Date: (mm/dd/yy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Grade Level:

RELEASE TO:	
Print Name of Person to Be Given Permission:	Relationship to Student:
Birth Date: (mm/dd/yy)	Driver’s License: (Attach Copy of Photo ID)

CONSENT/PERMISSION:	
Signature of Parent/Legal Guardian (<i>if student is under age 18</i>)	Date
Student’s Signature (<i>if 18 or older/or has entered postsecondary institution</i>)	Date