North Missouri Center for Youth and Families

FERPA CONSENT TO RELEASE STUDENT INFORMATION

TO: Chillicothe R-II School District

Please provide information from the educational records of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Name of Student requesting the release of educational records] to:

North Missouri Center for Youth and Families Staff

After School Care Provider

The only type of information that is to be released under this consent is:

\_\_\_\_\_ transcript/grades

\_\_\_\_\_ special education records

\_\_\_\_\_ all records

\_\_\_\_\_ other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information is to be released for the following purpose:

\_\_\_\_ family communications about after school programming

\_\_\_\_ educational programming in compliance with grant funding

\_\_\_\_ other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this request. I understand I may revoke this Consent upon providing written notice to North Missouri Center for Youth and Families. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to North Missouri Center for Youth and Families for the specific purpose described above.

Name of Parent or Guardian (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_