AMITYVILLE UNION FREE SCHOOL DISTRICT
Office of Pupil Personnel Services
501 Route 110
Amityville, New York 11701
Phone: (631) 565-6552 Fax: (631) 225-4614

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT
STUDENT RECORDS RELEASE FORM

Student Name: _____ Student DOB:_____

Student Authorization for Disclosure

Family Educational Rights and Privacy Act (FERPA) is a federal law which sets forth requirements regarding the privacy of student records. For complete information regarding FERPA, please visit http://www.ed.gov/policy/gen/guid/fpco/index.html. You may also request a copy of the relevant regulations from the District.

Authorized Consent for Release of Records

I understand that under the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, these records will not be released to a third party without my approval. I hereby authorize Amityville Union Free School District to discuss and/or disclose the below identified educational records for the above student to the following individual(s):

Name of Authorized Person(s) to whom records may be disclosed and / or discussed: _____
_____
Relationship to Student: _____
Address:_____ City: _____ State: _____ ZIP: _____
The purpose of this disclosure is: _____
The records which may be disclosed and/ or discussed include:_____
_____

Please check all that apply:

	Complete Transcript		Current Grades		Achievement Test Scores
	NYS Assessment Scores		Individualized Education Program (IEP)		Social History
	Psychological Evaluation		Educational Evaluation		Speech-Language Evaluation
	Medical Evaluation		Neurological Evaluation		Psychiatric Evaluation
	Immunization Records		Other:		

If documents are disclosed to the above identified person(s), I hereby request a copy of said records be provided to me (Circle One): Yes No

I have carefully read the foregoing authorization and fully understand the meaning and intent of this document. I understand the foregoing release shall remain in effect until withdrawn by me in writing. I affirm that I have signed this authorization voluntarily.

Parent Name (Print): _____

Parent Signature: _____ Date: _____