EXHIBIT Descriptor Code: FGA-E3

FERPA RELEASE FORM FOR PARENTS

Name of student:	Date of birth:
Name of child's school:	Grade level:
Child's mailing address:	
Parent's mailing address (if different):	
CONSENT TO RELEASE	
The Family Educational Rights and Private regarding the privacy of their child's eduserving in a parent's stead as caretaker release of the educational record is only complete and submit this FERPA Relea	acy Act (FERPA) establishes certain rights for parents cational record. While family members and other individuals may have an interest in the child's record, access to or by written parental consent. Parents may choose to se Form to allow access or release of their child's educational ted for each individual to whom a parent wishes to authorize tional records.
l	[name of parent/legal guardian] consent to release the
information, as indicated below, to:	
	[list individual's name].
Relationship of this individual to the child	d:
Contact information for this individual:	
(Address)	
(Phone)	(Email)
	ting the option to release records, the individual listed e related to the child's academic record that is mailed to
□ Academic records: □ Access □ Rel	ease
☐ Disciplinary records: ☐ Access	□ Release
□ All information concerning my child's □ Access □ Release	☐ 504 Plan ☐ Individual Education Program
☐ All other information placed in my chil contact information, administrative notes	ld's education record (e.g., accident reports, emergency s, etc.): □ Access □ Release

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ACKNOWLEDGEMENT AND SIGNATURE

I acknowledge by my signature that I understand that, although I am not required to release my child's records, I am giving my consent to release the information. This release will remain in effect while the child is enrolled in Dickinson Public School District unless I revoke such consent.		
Parent's signature	Date	
RETURN FORM TO:		
Date form was returned to school:		
Received by:		
End of Dickinson Public Schools Exhibit FGA-E3	Amended 09/21/2022	