**“FERPA” Parental and/or Eligible Student Consent Disclosure Form**

Pursuant to the [Family Educational Rights and Privacy Act](https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html?src=rn), 20 U.S.C. § 1232g, 34 CFR 99.30, and [Ohio Revised Code § 3319.321](https://codes.ohio.gov/ohio-revised-code/section-3319.321), parental consent or consent from the student if he/she is age 18 or older (“eligible student”) is required before personally identifiable information contained within the student’s education records are disclosed, with limited exceptions as stated in [34 CFR 99.31](https://www.ecfr.gov/current/title-34/part-99/subpart-d).

Please fill in the required information below.

I, \_\_\_\_\_\_\_\_\_\_*Parent or Eligible Student\_\_\_\_\_\_\_\_\_\_* , give my written consent that [NAME of SCHOOL DISTRICT RELEASING INFORMATION] can release the following records:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Involving [Student Named in Records] to the person(s) and/or organization(s) listed:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to assist the student’s absence intervention team and/or plan created in accordance with Ohio Revised Code § 3321.191.

By signing below, I consent to the disclosure of the records listed above to the specified person(s)/organization(s) for the purpose stated herein. This consent is valid for the [YEAR] school year only. Consent can be withdrawn at any time, provided it is given in writing to the school district. If signed by the parent/guardian, he/she represents that the student has not yet reached the age of 18 at the time the consent was given. If signed by the student, he/she represents that he/she is at least 18 years old when consent was given.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent, Guardian or Eligible Student Date Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Parent, Guardian or Eligible Student