

Sample Form #3

[School Letterhead]

[Date]

Inside Address

Re: Consent For Release of Student Information

Dear ***[Name]***:

Pursuant to the Family Educational Rights and Privacy Act, a school cannot release the education records of a student without the prior written consent of the adult student or the minor student's parent/legal guardian (except in certain very specific circumstances not applicable here).

We are therefore writing to let you know that a request was made by ***[name of requestor]*** on ***[date request was made]*** to view the following records of ***[name of student]***: ***[List of records requested]***. The ***[name of requestor]*** has stated that the reason for this request is ***[reason for request to review records]***.

If you consent to the release of these records, please so indicate by filling out the permission slip below and returning it to the school. Please note that you are under no obligation to provide your permission. If you have any questions about this matter, please contact ***[name of contact person]*** at ***[phone number of school]***.

Thank you for your attention to this matter.

Sincerely,

[Name and title of school official]

I hereby grant permission for the release of the records indicated above to the person/ organization indicated above.

Print Name: _____

Date: _____

Signature: _____

____ I request copies of the released records also be sent to me.