

FERPA RELEASE OF MINOR STUDENT EDUCATION RECORDS

Request for Educational Records of:

Student Name: _____

Student Date of Birth: _____

School: _____

Approximate Dates of Attendance: _____

Records Requested:

I specifically authorize the Washington State Charter School Commission to release to the parent/guardian listed below, the confidential educational record(s), information or data specified in my written request made pursuant to FERPA:

- All requested educational record(s), information and/or data (including special education, if any)
- Requested special education records, only (may include, but not limited to: Individualized Education Program (“IEP”), psychological/physiological assessments, and therapies)
- Other, specify: _____

Parent/Guardian Identity Verification and Authorization:

Parent/Guardian Name: _____

Check Appropriate Box: Parent Legal Guardian

I hereby affirm under penalty of perjury of the laws of the State of Washington that I am a parent or legal guardian of the student listed above to whom the confidential educational record(s), information or data relate. I affirm that I know of no reason for which I am lawfully prevented from receiving or authorizing release of the requested confidential educational record(s), information or data.

Parent/Guardian Signature: _____

Date: _____; **City/State where signed:** _____

Parent/Guardian Mail/Email Address where records are to be sent:

Parent/Guardian Phone Number: _____

Release to remain effective for six months from the date of the signature, until student reaches 18, or until the authorization is revoked in writing, whichever is earlier.