

UNIONDALE HIGH SCHOOL GUIDANCE SERVICES

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**Federal Family and Educational Rights Privacy Act
CONSENT TO RELEASE STUDENT
INFORMATION/EDUCATION RECORDS**

I, parent or legal guardian of _____ [name of student],
hereby consent to the disclosure and release of the following education records of
_____ [name of student] by the Uniondale School District:

- _____ Transcript
- _____ Disciplinary records
- _____ Recommendations for employment or admission to other schools
- _____ other (specify the records to be disclosed)

I consent to this disclosure and release for the following purposes:

Please allow disclosure of all above mentioned records and release copies of the records listed above to: _____
[specific name(s), address and if appropriate the relationship to the student such as "parents" or "prospective employer" or "attorney" must be inserted] (herein after referred to as the "receiver of records").

This release is valid for _____ [insert number] days from the date of its execution.

I understand that by signing this release I am waiving my right to nondisclosure of my student child's education records as guaranteed by the Federal Family and Educational Rights Privacy Act ("FERPA"), 20 U.S.C. §1232g. I understand that I have the right not to consent to disclosure of my student child's education records to a third party. I understand that I have the right to receive a copy of my student child's education records upon my request and to a copy of the records released pursuant to this release upon request.

Name of parent/guardian _____ (please print)

Signature _____

Relation to Child _____

Date _____