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

I, parent/legal guardian of ___________________________ (Name of Student)

Hereby consent to the disclosure and release of the following education records of 
__________________________________________ By the Uniondale School District:

_____ Transcript
_____ Disciplinary Records
_____ Recommendations for employment or admission to other educational institutes
_____ Immunizations
_____ 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: __________________________

________________________________________________________________________

(Specify name(s), address and if appropriate relationship to the student such as “parents” or “prospective employer” or “attorney” must be inserted (hereinafter referred to as the “receiver of records”).

This release is valid for 180 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 ____________

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