

Parent/Guardian Consent Form

Request for Release of Student Records

You, or your student, _____, receives education support services from one or more organizations that are part of a Promise Partnership, which has been organized to promote the success and academic achievement of students in Park City School District. These Promise Partners include the school district, local schools, health care providers, governmental agencies, and community organizations that work in Park City **Promise Advocates** (e.g. Holy Cross Ministries and Park City Foundation) at the request of the leadership of your school or your student's school.

In order to implement effective strategies and programs that help youth and adults achieve academic goals, one or more of the Promise Partners will likely require access to personally identifiable academic student data including grades, test scores, progress reports, attendance records, discipline records, graduation records, student ID number, race, ethnicity, gender, primary language, income status, refugee status, and school registration records. Indeed, it may be necessary to share records, information, or data gathered or learned by Promise Partners with school officials such as teachers, principals, and guidance counselors.

The Family Education Rights and Privacy Act (FERPA) protects students and parents by prohibiting third parties, including the Promise Partners identified above, from accessing student records, information, or data without express authorization from the student, or from a parent or guardian if the student is under 18. Exceptions to this general rule exist in cases where information is being requested by school officials with legitimate educational interests, in health and safety emergencies, pursuant to a lawfully issued subpoena, and in some other cases.

The purpose for accessing or sharing records, information, or data related to you or your student is to better provide supplemental education services. Accessing or sharing records, information, or data will be done with the express purpose of promoting your own, or your student's, academic success and achievement and to increase the effectiveness of the services being offered by Promise Partnerships. No records, information, or data will be used for any other purpose.

By signing below, you provide express written consent and authorization for the disclosure of education records, information, or data from your educational institution or data regarding your student from the school district to any of the Promise Partners. You also consent to and authorize the disclosure of records, information, and data about you or your student gathered by Promise Partner programs to other Promise Partners and to school officials.

Records and information from records will not be disclosed or released to anyone other than Promise Partners.

This consent will remain in effect until and unless it is revoked by the parent, guardian or adult 18 years or older who signed it, or if signed by a parent or guardian, at the time the student turns 18. Parents, guardians, and adults 18 years or older have the right to revoke this consent and authorization at any time if said individuals do not want records, information, or data shared with a particular entity, or if the individuals believe the sharing of records, information, or data is not in their best interest or that of their student. They also have the right to obtain copies of any information about said individual that is disclosed under this consent form.

I have read the above and consent to all Promise Partners serving students residing in the Park City School District area to have to access my records, information, or data or that of my child/student.

Parent or Guardian

_____ Parent/Guardian Name (print)	_____ Today's Date
_____ Parent/Guardian Signature	_____ Student's First and Last Name (print)
_____ Parent/Guardian Email Address (print)	_____ Student ID
	_____ Student Date of Birth (print)

Adult Student (complete only if you are completing this Waiver for yourself and are an adult student)

_____ Adult Student First and Last Name (print)	_____ Today's Date
_____ Adult Student Signature	
_____ Adult Student Email Address	_____ Adult Student's Date of Birth

If you worked with an Interpreter on this waiver, please put the interpreter's name above

With questions about this waiver, please call Park City School District at 435-645-5600

For Office Use Only	
School:	_____
Date of Data Entry:	_____
Student ID :	_____