



HOMER CENTRAL SCHOOL DISTRICT

P.O. Box 500
Homer, NY 13077-0500

(607) 749-7241
(607) 749-2312 Fax

Thomas M. Turck
Superintendent of Schools

Consent for the Release of Student Records and the Sharing/Exchange of Information Pursuant to the Family Educational Rights and Privacy Act (FERPA)

Name of Student: _____

D.O.B.: _____ School and Grade: _____

Contact Person: _____ Phone: _____

Address: _____

I, _____, hereby give my consent and grant authorization to the Homer Central School District to exchange educational records and share information specified below to the party or parties identified below. This exchange of information on behalf of the above named student includes communication between authorized representatives of the Homer Central School District and the party or parties identified below. I understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on this authorization.

Extent or Nature of Records and Information to be Shared/Disclosed:

- Academic Information/Grades
- Attendance/ Participation in Program
- Medical History/Medical Reports
- Family Interventions/Concerns
- Behavior Reports (Including FBA/BIP)
- Special Education/Section 504 Records/Evaluations
- Other: _____

Purpose or purposes for disclosure of educational records and the exchange of information:

Party or parties to whom such records and information may be disclosed/exchanged and/or may engage in communication with authorized representatives of the District (include contact information):

Please return to: _____

Signature of Parent/Guardian or Eligible Student*

Date

**Eligible Student” means a student who has reached 18 years of age*

“Excellence of Instruction and Opportunity”