

**FERPA RECORDS/INFORMATION RELEASE  
ESCAMBIA COUNTY, FLORIDA SCHOOL DISTRICT**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child's School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Child's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Parent's Mailing Address (if different) \_\_\_\_\_  
\_\_\_\_\_

**CONSENT TO RELEASE**

The Family Educational Rights and Privacy Act (FERPA), Section 1002.22, Florida Statutes; 20 U.S.C. s. 1232g, 34 C.F.R. Part 99, establishes certain rights for parents regarding the privacy of their child's educational record. While family members and other individuals serving in a parent's stead as caretaker may have an interest in the child's record/information, access to or release of the educational record/information is only by written parental consent. In order to allow access to or release of a child's educational record/information, parents must complete this FERPA Release Form in front of a witness (note: cannot be witnessed by the parent or the person receiving the records; must be a third party).

I hereby waive any privacy claims under FERPA, and/or other applicable law for such release of my child's education records or information as follows:

I \_\_\_\_\_ consent to release of my child's educational records/information to: \_\_\_\_\_.

Relationship of this individual to the child: \_\_\_\_\_.

Contact information for this individual: Address: \_\_\_\_\_

Phone: \_\_\_\_\_; email address: \_\_\_\_\_

**ACKNOWLEDGEMENT AND SIGNATURE**

I acknowledge by my signature that I understand I am giving my consent to release my child's education records/information. This release will remain in effect while the child is enrolled in Escambia County, Florida District Schools unless I revoke such consent.

\_\_\_\_\_  
[Signature] \_\_\_\_\_ [Date]

**Witnessed by:** \_\_\_\_\_  
[Witness's Signature] \_\_\_\_\_ [Date]

\_\_\_\_\_  
[Print Name] \_\_\_\_\_ [Phone No.]

\_\_\_\_\_  
[Address] \_\_\_\_\_ [Email Address]