**Community Based Organization**

**Parent/Guardian Consent Form**

**2019-2020 Approval**

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| --- | --- |
| Public Health – Seattle & King CountySchool-Based Partnerships Program401 5th Ave #1000Seattle, WA 98104206-263-8350 | Rainier Beach School-Based Health CenterPublic Health – Seattle & King County8815 Seward Park Ave SSeattle, WA 98118 206-205-0430 |

**Consent to Release of Education Records Under the Family**

**Education Rights and Privacy Act (FERPA)**

I consent to the release of my child’s education records from the Seattle School District to the above listed agencies.

I understand that education records include, but are not limited to:

1. Student name, DOB and contact information

2. Student Demographics: including Special Education status and 504 Status and race/ethnicity

3. Attendance History

4. Discipline History

5. Coursework and grades History

6. Test Scores History

7. Enrollment History

8. Assignment Grades

9. Upcoming & Missed Assignments

This release includes permission for agency staff to access my child’s academic records using an automated data feed through Seattle Public Schools.

I understand that the purpose of sharing these records with the above-mentioned entities is to keep my child’s school-based health center medical and/or mental health provider informed of his/her academic program and progress. In collaboration with Public Health - Seattle & King County, Kaiser Permanente staff will work with my child and/or his/her school in an effort to improve my child’s success at school. I acknowledge that I may revoke this consent by sending a written notification to the Seattle School District’s School & Community Partnership Department, MS: 33-160 P.O. Box 34165 Seattle, WA 98124.

This Release of Information will make the above-listed educational records, which includes historical student data, available to agency staff from the date of consenting signature until December 31, 2020. I consent to Seattle School District releasing information to the above listed agencies (please print clearly):

**Parent/Guardian Signature (if youth is 17 or younger):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Student’s Signature (if youth is 18 or older):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PRINT **Student’s Name** (First and Last name) Student **Date of Birth**

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\*\*Student **School District ID #** Student’s School

*\*\*Student ID # can be found on student ASB card, report card, official school mailing, or by contacting your student’s school*