**CHERRY CREEK SCHOOL DISTRICT #5**

**AUTHORIZATION FOR DISCLOSURE OF EDUCATIONAL RECORDS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Parent or Authorized Personal Representative) authorize the release of protected educational records as described in this authorization.

**STUDENT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**:\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ID NO.** \_\_\_\_\_\_\_\_\_\_\_

I authorize the requested records be released from Cherry Creek School District #5 to the following organization and/or agency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WRITTEN RECORDS TO BE RELEASED:**

( ) Grades ( ) Attendance Records

( ) Discipline Records ( ) Nursing Logs and Records

( ) Cumulative File ( ) Mental Health Records

( ) Complete Student File

( ) Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand this authorization will expire annually, without my express revocation. I understand that I may revoke this authorization at any time upon written notice except to the extent that action has already been taken based on this authorization. I further understand that the revocation is only effective after it is received and logged by Cherry Creek School District #5. Further, I have a right to a copy of this authorization.

All information received and maintained by Cherry Creek School District #5 will be kept confidential pursuant to the Family Education Rights and Privacy Act 20 USC § 1232 (g).

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Signature of Parent/Guardian or Personal Representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian or Personal Representative (Print) and Relationship to Student(s)