

FERPA AUTHORIZATION

Beacon City School District
10 Education Drive
Beacon, NY 12508

The purpose of the Family Educational Rights and Privacy Act (FERPA) is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of "non-directory information" contained in a student's educational records. I understand that I have the right not to consent to the release of my/my child's educational records and I have the right to receive a copy of such records upon request.

Name of Student: _____
(Please Print)

I, the undersigned, hereby authorize the Beacon City School District ("District") to release the following educational records:

1. _____
2. _____
3. _____

To the following Person and/or Agency:

Name: _____

Address: _____

Telephone: _____

For the purpose of (e.g., providing a recommendation, providing information about, etc.):

I understand that this authorization remains in effect from today through _____ (Month/Year). I also understand that it will be necessary to send a written request to the District to revoke this authorization but that any such revocation shall not affect disclosures previously made by the District prior to the receipt of any such written revocation.

Parent/Guardian Signature

Date