

FERPA CONSENT TO RELEASE ADULT STUDENT INFORMATION

TO: Nassau BOCES Adult Evening Program

I authorize Nassau BOCES to release information, including personally identifiable information, from my educational records. I understand that this authorization is limited to disclosure only and does not grant permission for changes to student records, nor cover protected health information.

A. Student's Name: (Print Clearly) _____ <div style="display: flex; justify-content: space-around;"> Last Name First Name </div>	B. To "revoke all" persons previously listed, check this box and skip to Section H <input type="checkbox"/>
C. Release information to: _____ <div style="display: flex; justify-content: space-between;"> (Print Name 1) (Relationship) (Address) </div> _____ <div style="display: flex; justify-content: space-between;"> (Print Name 2) (Relationship) (Address) </div> <p><i>Note: The release to the above listed person(s) will be in effect until such time that a new release form is issued authorizing the revocation of all by checking the box in Section B. This form is the only acceptable method of issuing such revocation.</i></p>	
D. Check either 'Yes' or 'No' but not both: Can parents claim you as a dependent for federal income tax purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: Proof may be required).	
E. The only type of information that is to be released under this consent is: (Check all that apply) <input type="checkbox"/> All Records <input type="checkbox"/> Attendance <input type="checkbox"/> Test Grades <input type="checkbox"/> Performance Evaluations <input type="checkbox"/> Disciplinary Records <input type="checkbox"/> Course Grades <input type="checkbox"/> Recommendations for employment or admission to other schools <input type="checkbox"/> Other (specify) _____	
F. The information is to be released for the following purpose: (Check all that apply) <input type="checkbox"/> Family communications about continuing education experience <input type="checkbox"/> Employment <input type="checkbox"/> Admission to an educational institution <input type="checkbox"/> Other (Specify) _____	
G. Records may be provided: (Required: Check all that apply) <input type="checkbox"/> Orally <input type="checkbox"/> Written <input type="checkbox"/> Both	
H. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records) and certain letters of recommendation for which the student waived inspection rights). I also attest that I understand my rights granted pursuant to FERPA and that such signature shall serve as a waiver of said rights to the extent described in the consent form. I understand that I may revoke this Consent at any time.	
Parent or Legal Guardian's Name only if student is a dependant Student Name (Print) _____ _____ Home Telephone No. _____	Parent or Legal Guardian's Name only if student is a dependant _____ Signature _____ Date _____ Cell No. _____ Email _____
<p><i>On this, the _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained. In witness hereof, I hereunto set my hand and official seal.</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Notary Public Signature</p>	

Office Use Only:
 If adult student is a dependent of named person(s), has proof been provided and reviewed? Yes No
 Date Received: _____ Administrator Signature: _____ Date: _____

INSTRUCTIONS

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[Please note: This form is NOT to be used for requesting an official or student transcript. For that purpose the Transcript Order Form available at this website must be used].

Purpose of this form: The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. These rights include: Access, Right to File a Complaint, Public/Directory Information, Parental Access to Student Information, Release of Information to a Third Party, Revoke Release of Information.

Section A:

Student's name: *Print Your Last Name, First Name*
Name 1 *Print the first and last name of the family member or employer to allow the release of information. List Relationship, such as "parent" or "employer"*
Name 2 *As per above.*

Section B:

'Revoke all'
Check this box if you previously gave written consent but now do not want any of our information to be released. This form is the only acceptable method of filing such revocation. Note: The latest FERPA form received will stay in effect indefinitely until replaced by a later form. If you check this box, skip directly to Section H. You must sign and date in the presence of a Notary Public.

Section C:

List the name(s) of the person(s) or employer(s) you are authorizing to receive your educational records. Include the relationship to the employee such as "parent" or "employer" and the full address.

Section D:

You must check **either** Yes or No. Can parents claim you on their tax return as an eligible dependent?

Section E:

Place check mark(s) or 'X' alongside each type of information you are giving consent to release. If you select "all records", then you may leave the other types blank.

Section F:

Place check mark(s) or 'X' alongside each purpose for which you are giving consent to release.

Section G:

Place check mark(s) or 'X' alongside your consent to the oral release of records, written release of records or both.

Section H:

Read carefully the statements. If you agree, then print your name. You must sign your name and date in the presence of a Notary Public. You must also include your telephone number.

REMINDER: THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

Please Note: Incomplete or illegible forms will not be honored.

You may mail, fax, or bring the form to our office:

**Mailing Address:
(Nassau BOCES Program/School):**

**Adult Evening Program, FERPA
1196 Prospect Ave.
Westbury, NY 11590**

Fax Number: (516) 832-2853

NON-DISCRIMINATION STATEMENT

Nassau BOCES does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs, activities and employment. The following persons have been designated to handle inquires regarding the non-discrimination policies:

Jeffrey Drucker
Section 504 Coordinator
and Title IX Coordinator
Nassau BOCES
71 Clinton Road
Garden City, NY 11530
516 396-2360
jdrucker@mail.nasboces.org

Amy Levine
Title IX Coordinator
Nassau BOCES
71 Clinton Road
Garden City, NY 11530
516 396-2340
alevine@mail.nasboces.org