



## FERPA Release Form

CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION FROM EDUCATION RECORDS PURSUANT TO THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA), 20 U.S.C. § 1232g; 34 C.F.R. § 99.30

**TO:**

Austin Independent School District  
4000 S. IH-35 Frontage Road  
Austin, Texas 78704  
(512) 414-1700

**FROM:**

Parent Name\* or Eligible Student Name\*\*

Address

City, State, Zip Code

E-mail Address

I authorize Austin ISD to disclose personally identifiable information from the education records of:

PRINT Student Full Name while enrolled in Austin ISD

Date of Birth

Signature of Parent/Legal Guardian\* or Eligible Student\*\* (REQUIRED):

Date

\* With my signature, I acknowledge, understand and attest that: 1) I am giving my consent to release my child's education records/information; 2) This release will remain in effect while the child is enrolled in Austin Independent Schools District, unless I revoke such consent; and 3) My parental rights to access, disclose or release such educational records have not been affected by a court order. Furthermore, I have provided evidence of my identity (valid photo ID), copy of which shall be included along with this form.

\*\* Eligible student means a student who has reached 18 years of age or is attending an institution of postsecondary education.

**Records Requested (REQUIRED):**

\_\_\_ Admission/Enrollment/Transfers

\_\_\_ Health

\_\_\_ Transfers

\_\_\_ Standardized Testing

\_\_\_ Student Questionnaires

\_\_\_ Participation in Special Programs

\_\_\_ Achievement Records

\_\_\_ Conferences

\_\_\_ Complaints

\_\_\_ Testing History

\_\_\_ Behavior/Discipline Reports

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

**Purpose for this disclosure (REQUIRED):****Release To (REQUIRED):**

Name: \_\_\_\_\_

Organization/Company Name (if applicable): \_\_\_\_\_

Phone & Email: \_\_\_\_\_

Signature of Person Authorized to Receive Educational Records\* (REQUIRED):

\_\_\_\_\_

Date \_\_\_\_\_