



Fairbanks North Star Borough School District
520 Fifth Avenue * Fairbanks, Alaska 99701 * 907-452-2000

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize the Fairbanks North Star Borough School District to release the confidential information noted below regarding my student.

(Student's Last Name) (First) (Middle) (Date of Birth)

Name/School/Organization Authorized to Receive the Information:
Name/School/Organization: _____
Address: _____
City, State, Zip Code: _____
Phone number: _____

Specific information authorized to be released (initial all that apply)

<input type="checkbox"/> Transcripts	<input type="checkbox"/> Test Scores
<input type="checkbox"/> Discipline Records	<input type="checkbox"/> Attendance Reports
<input type="checkbox"/> Health Records	<input type="checkbox"/> Withdraw/transfer Record
<input type="checkbox"/> Special Education Records	<input type="checkbox"/> Other (please specify) _____

The family Education Rights and Privacy Act (FERPA) does not require permission to release a student's records to an educational institution where the student seeks or intends to enroll.

(Printed Name of Parent/Guardian or Student if over 18 years old or emancipated)

(Signature of Parent/Guardian or Student if over 18 years old or emancipated) Date

Signature verified: _____ (staff initials)