FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT
520 Fifth Ave. Fairbanks, Alaska 99701-4756 (907) 452-2000

PARENT/LEGAL GUARDIAN PERMISSION TO RELEASE
CONFIDENTIAL INFORMATION

I hereby authorize an exchange of information to occur between the Fairbanks North Star Borough School District and the below-named agency:

NAME:_____ PHONE _____

ADDRESS: _____

_____

regarding: ☐ any or all information
☐ specific information regarding:_____

contained in the record of:

STUDENT'S NAME	GRADE	SCHOOL

DATE OF BIRTH	GENDER M F	SOCIAL SECURITY NUMBER

Please send records to:

_____ _____

NAME OF SCHOOL NAME OF REQUESTOR

_____

STREET CITY STATE ZIP CODE

I understand that all information, records, and documents received under this release will become part of a school record. Under the Family Education Rights and Privacy Act (FERPA), these records will be available for inspection and review by the student's parent(s)/guardian(s).

Representatives of the Fairbanks North Star Borough School District to which the records are released will have access to these records. No other parties will have access without my knowledge or consent, unless authorized to have access under the FERPA. This permission automatically expires at the end of the school year, but may be revoked by written request at any prior time.

_____

_____

_____

SIGNATURE OF PARENT(S)/GUARDIAN(S) **DATE**