



Student Records Release Form

Unit/Club: _____ / ____/____/____ Date _____ Membership Number _____

Student Records Release Form

The Boys & Girls Club of Highlands County Records Policy, in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), requires written consent from parents of students to authorize discussion of student records and disclosure of non-directory information from their record to persons or entities other than persons or entities that are affiliated with the Highlands County School system that hold a legitimate educational interest in the records or other persons or entities to whom disclosure may be made. The must include: specific information to be released; purpose of the release; date; and the parent's signature.

☐ I request that the following party/class of parties receive my specified information for the following purpose. This release will remain in effect until revoked by me in writing and delivered to the address below. Please Print.

I _____, parent/guardian of

(First Name) (Last Name) Student, _____ Student ID,
(Alpha Code)

School, _____ Grade Level,

hereby give my written consent to the Highlands County School Board to disclose to the Boys & Girls Club of Highlands County the following information: access to above named student's records posted on Highlands County School's internet based Parent Portal for the purpose of: planning and _____
implementing homework help, tutoring, and recognition.

I understand that the specific information referenced on this form is being released to Boys & Girls Club at my request. I understand that it is my responsibility and the responsibility of the Boys & Girls Club to ensure that the Boys & Girls Club will not disclose this information to any other parties and that the Boys & Girls Club recognizes that this release does not permit disclosure of these records to any other persons or entities without my written consent.

Highlands County Schools are hereby released from all legal responsibility or liability for the release of the above mentioned information.

☐ I wish to revoke the current release of information I have on record for the following party/class of parties: _____

Parent / Guardian Signature: _____ Date: _____

*Boys & Girls Club of Highlands County is required to keep original signed consent forms.
Please copy this form for your records.*