



Community Based Organization Parent/Guardian Consent Form 2016-2017 Approval

Public Health – Seattle & King
County
School-Based Partnerships Program
401 5th Ave #1000
Seattle, WA 98104
206.263.8350

Swedish Medical Center
Ballard Teen Health Center
1418 NW 65th St
Seattle, WA 98117
206-784-2142

UW Department of Psychiatry &
Behavioral Sciences
1959 NE Pacific Street
Box 356560
Seattle, WA 98195-6560
206-543-3750

Consent to Release of Education Records Under the Family Education Rights and Privacy Act (FERPA)

I consent to the release of my child’s education records from the Seattle School District to the above listed agencies. I understand that education records include, but are not limited to:

1. Student name, DOB and contact information
2. Student Demographics: including Special Education status and 504 Status and race/ethnicity
3. Attendance History
4. Discipline History
5. Coursework and grades History
6. Test Scores History
7. Enrollment History
8. Assignment Grades
9. Upcoming & Missed Assignments

This release includes permission for agency staff to access my child’s academic records using an automated data feed through Seattle Public Schools.

I understand that the purpose of sharing these records with the above-mentioned entities is to keep my child’s school-based health center medical and/or mental health provider informed of his/her academic program and progress. In collaboration with Public Health - Seattle & King County, The Ballard Teen Health Center staff will work with my child and/or his/her school in an effort to improve my child’s success at school. The University of Washington Department of Psychiatry and Behavioral Science will only be granted access to the above educational records for the purpose of maintaining a secure database to store the data. I acknowledge that I may revoke this consent by sending a written notification to the Seattle School District’s School & Community Partnership Department, MS: 32-159 P.O. Box 34165 Seattle, WA 98124.

This Release of Information will make the above-listed educational records, which includes historical student data, available to agency staff from the date of consenting signature until December 31, 2017. I consent to Seattle School District releasing information to the above listed agencies (please print clearly):

Parent/Guardian Signature (if youth is 17 or younger): _____

Parent/Guardian Printed Name: _____

Student’s Signature (if youth is 18 or older): _____

Today’s Date: _____

PRINT Student’s Name (First and Last name)

Student Date of Birth

****Student School District ID #**

Student’s School

***Student ID # can be found on student ASB card, report card, official school mailing, or by contacting your student’s school*