



Community Based Organization Parent/Guardian Consent Form 2018-2019 Approval

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

Ballard/Center School
Teen Health Center
Swedish Medical Center
1418 NW 65th Ave NW
(206) 781-6400

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, Swedish Medical Center staff will work with my child and/or his/her school in an effort to improve my child’s success at school. I acknowledge that I may revoke this consent by sending a written notification to the Seattle School District’s School & Community Partnership Department, MS: 33-160 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, 2019. 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*