

FERPA RELEASE
Hudson City School District
215 Harry Howard Avenue
Hudson, New York 12534

The purpose of the Family Educational Rights and Privacy Act (FERPA) is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of "non-directory information" contained in a student's educational records. I understand that I have the right not to consent to the release/receipt of my/my child's educational/health records and I have the right to receive a copy of such records upon request.

Name of Student: _____ **Date of Birth:** _____
(Please Print)

I, the undersigned, hereby authorize the Hudson City School District ("District") to release/receive educational and/or health records.

To/From the following Person(s) and/or Agency(ies) and/or Medical Facility(ies):

Doctor Name: _____

Address: _____

Telephone: _____ Fax: _____

For the purpose of (e.g., providing a recommendation, providing information about, etc.):

Name: _____

Address: _____

Telephone: _____ Fax: _____

For the purpose of (e.g., providing a recommendation, providing information about, etc.):

Name: _____

Address: _____

Telephone: _____ Fax: _____

For the purpose of (e.g., providing a recommendation, providing information about, etc.):

I understand that this authorization remains in effect from today. I also understand that it will be necessary to send a written request to the District to revoke this authorization but that any such revocation shall not affect disclosures previously made by the District prior to the receipt of any such written revocation.

Parent/Guardian Signature Date

Eligible Student Signature Date