



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

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

Ingraham Teen Health Center  
1819 N 135<sup>th</sup> Street  
(206) 205-0430

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, Group Health 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*