Consent Form for Disclosure of Student Data to [Third-Party]

To: Registrar, [SCHOOL NAME]

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s First Name Middle Initial Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Permanent Street Address City State Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), Charlotte-Mecklenburg Schools is permitted to disclose information from student records to third parties with signed parent/guardian permission.

*[Replace with a sentence or two identifying the third-party and describe the reason for sharing student PII with the third-party.] e.g. “Online Virtual Tutoring Services provides online student tutoring services. This service helps to reinforce instruction received in class and prepare your student for the future.”*

Charlotte Mecklenburg Schools intends to share the following information with [THIRD PARTY]:

* *Student Name*
* *Mailing address*
* *Parent phone number*
* *Parent email address*

Please check the appropriate box:

* Yes. I authorize Charlotte-Mecklenburg Schools to disclose personally identifiable information from my student’s education records to [THIRD PARTY] for the purpose stated.
* No. Charlotte-Mecklenburg Schools *may not* disclose personally identifiable information from my student’s education records to [THIRD PARTY].

This authorization will remain in effect for the 2024-2025 school year. \*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If parents live at the same address, please list both in # 1.*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name(s) Parent Name(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip City, State, Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Telephone

\**Students cannot be denied any educational services from Charlotte-Mecklenburg Schools if they refuse to provide consent.*