



Student Name

Date of Birth

Student ID (if known)

Family Educational Rights and Privacy Act (FERPA) Information Disclosure Consent

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records and requires consent before the disclosure of personally identifiable student records unless the disclosure is specifically authorized by FERPA. If the student is under the age 18, a parent/guardian should complete this form. Students age 18 or older (or attending a post-secondary school), should complete this form instead of their parent/guardian. Additional information regarding FERPA is available at www.pwcs.edu/records.

Prince William County Public Schools (PWCS) organizes student educational records into the categories set forth below:

- | | | |
|---|---|---|
| <input type="checkbox"/> Cumulative | <input type="checkbox"/> Gifted Education | <input type="checkbox"/> Behavior/Discipline |
| <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Attendance Records <i>only</i> | <input type="checkbox"/> Clinic/Health |
| <input type="checkbox"/> Special Education/Intervention | <input type="checkbox"/> English Language Learner | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Test Scores | <input type="checkbox"/> Transcript <i>only</i> | |
| | | _____ |
| | | <input type="checkbox"/> All of the above |

- If you want to provide access to the student’s entire educational record to the person or organization you identified, please select “All of the Above.”
- If you want to release only specific categories of the student’s educational record, please select the categories above.
- If you want to release a specific category of the student’s educational record not listed above, please select “Other” and specify the record(s) you want disclosed.

Please list the person(s) or organization(s) that you grant PWCS permission to disclose the student’s educational records. If you want to authorize additional disclosures, you may submit additional forms.

Name	Phone	Email	Purpose
Example: <i>Jane Smith, Counselor</i>	999-999-9999	<i>janesmith@email.com</i>	<i>counseling services</i>

By signing this document, I confirm:

1. That I am authorized to provide consent to disclose the student’s records because I am the student’s parent or legal guardian, or because I am the student and I am age 18 or older or attending a postsecondary school;
2. That I am giving my consent for PWCS to disclose the selected educational records to the person(s) or organization(s) I have identified above. I understand that I am also authorizing PWCS to discuss the contents of these records with the person(s) or organization(s) I have identified;
3. That this consent will continue until I notify the PWCS FERPA Officer (FERPAOfficer@pwcs.edu) in writing that I revoke consent. I also understand that I may revoke consent at any time; and
4. I acknowledge the retention/disposition notice below.

Parent/Guardian or Eligible Student Signature
 (physical signature required)

Date

Retention/Disposition Notice

Student educational records are forwarded to the PWCS Records Center after withdrawal or graduation for a retention period of five years. After five years the records are purged and only long-term documents are maintained, per the requirements of the Library of Virginia General Schedules and/or PWCS Policies/Regulations. You can request the original student educational record before June 1 of the disposition year by contacting the PWCS Records Center at 703-791-7395.