

Patchogue-Medford Schools

FAMILY EDUCATION RIGHTS & PRIVACY ACT STUDENT RECORD RELEASE FORM

DATE: _____

I am in receipt of the notification from the Patchogue-Medford School District regarding the release of student "directory" information, as outlined in the letter on the front of this document under the Family Educational Rights and Privacy Act (FERPA). I further understand that this Reservation of Consent will need to be renewed annually. **Please do not release this information without prior written parental/guardian or (eligible) student's consent.**

Name of Student: _____

School which the Student Attends: _____

Student Home Address: _____

Please check those items to which this reservation applies:

- ___ Student's name
- ___ Address
- ___ Telephone Listing
- ___ Electronic Mail Address
- ___ Photograph
- ___ Date and Place of Birth
- ___ Major Field of Study
- ___ Dates of Attendance
- ___ Grade Level
- ___ Participation in Officially Recognized Activities and Sports
- ___ Weight and Height of Members of Athletic Teams
- ___ Degrees, Honor, and Awards Received
- ___ The Most Recent Educational Agency or Institution Attended
- ___ Student ID number, user Id, or Other Unique Personal Identifier used to Communicate in Electronic Systems which cannot be used to Access Educational Records without a PIN, Password, etc. (A student's SSN cannot be used, in whole or part, for this purpose)

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Signature of Student (if over the age of 18 years): _____

Printed Name of Student: _____

Date: _____