**FERPA AUTHORIZATION**

**Mahopac Central School District**

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. The parent or “eligible student” (18 years of age) may permit the release of the student’s educational records.

I understand that I have the right not to consent to the release of my/my child’s educational records and I have the right to receive a copy of such records upon request.

In addition, pursuant to FERPA the District has 45 days to produce the records.

Name of Student: D.O.B.

I, the undersigned, hereby authorize the Mahopac Central School District (“District”) to release the following educational records:

1.

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

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the following Person and/or Agency:

Name:

Address:

Telephone:

For the purpose of (e.g., providing a recommendation, litigation, impartial hearing, etc.):

I understand that this authorization remains in effect from today through . 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/Eligible Student **Signature**  Date

Parent/Guardian/Eligible Student **Print Name**

**PLEASE NOTE THIS FORM MUST BE DELIVERED IN PERSON TO THE DISTRICT CLERK ALONG WITH A VALID PICTURE ID OR BE NOTARIZED.**

State of New York )

)

County of \_\_\_\_\_\_\_\_\_\_\_ )

On the \_\_\_ day of \_\_\_\_\_, 20\_\_\_ before me personally came to me known and known to me to be the individual described in, and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

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

Notary Public Date