



CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Date: _____

Student's Name: _____

Parent/Guardian Name: _____

I, _____, understand that the Family Educational Rights and Privacy Act (FERPA) protects the confidentiality of my student's education records and that Trinity Lutheran Christian School (TLCS) may only release these records to third parties with prior written consent or as otherwise permitted by law. Intending to waive this right of confidentiality, I consent for Trinity Lutheran Christian School (TLCS) to release the specific information identified below in regard to the above-named student to:

Name of individual or entity: _____

Address: _____

Phone: _____

Email: _____

| | | |
|--|--------------------------|---------------------------------|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Academic | Created between _____ and _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Attendance | Created between _____ and _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Discipline | Created between _____ and _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Health Records | Created between _____ and _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Medical Reports | Created between _____ and _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Counseling Reports | Created between _____ and _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Exceptionalities Records | Created between _____ and _____ |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Other (specify) _____ | Created between _____ and _____ |

For the purpose of: _____

I agree to release, indemnify, and hold harmless TLCS, its employees, officers, and agents, from all liability for damages of whatever kind which may result on account of TLCS's compliance, or any attempts to comply, with this authorization. I further understand that this Consent for Release of Confidential Information is valid for one (1) year from the date it is signed and that I may revoke this consent at any time (except to the extent that action has already been taken) by signing and dating a written note requesting termination of consent.

Parent/Guardian signature _____

Date _____

Parent/Guardian address _____

Parent/Guardian phone _____

Parent/Guardian email _____