**Parent/Guardian Consent Form – Release of Student Records**

The [YOUR ORGANIZATION’S NAME] is partnering with **Summit County School Districts** and Summit Education Initiative to promote the success and academic achievement of students in the County. Summit Education Initiative (SEI) is a nonprofit organization located in Akron, Ohio, dedicated to increasing educational attainment in Summit County, Ohio. In this work, SEI provides secure data access between **Summit County School Districts** and [YOUR ORGANIZATION’S NAME]**.**

The Family Education Rights and Privacy Act (FERPA) protects students and parents by prohibiting most third parties from accessing student records, information, or data without clear permission from a parent or guardian if the student is under 18.

This form requests your consent to allow [YOUR ORGANIZATION’S NAME] to share the name, grade level, date of birth, and school of your child with SEI. Additionally, you are consenting to allow SEI to provide [YOUR ORGANIZATION’S NAME] access to your child’s School data, including test scores, grades, attendance records, and results of student surveys. Your consent allows data to be shared in two directions: from [YOUR ORGANIZATION’S NAME] to **Summit County School Districts**; and **Summit County School Districts** to [YOUR ORGANIZATION’S NAME]**.** SEI is acting on behalf of both parties to match the information provided by [YOUR ORGANIZATION’S NAME] with your child’s school information, and to conduct research to determine the effectiveness of programs on student success and achievement.

Accessing or sharing records, information, or data will be done to promote and support your student’s academic success and achievement, and to evaluate services being offered. **No records, information, or data will be used for any other purpose, and will not be shared with any party other than those listed in this release.**

**PARENT/GUARDIAN CONSENT**

**\_\_\_\_\_\_\_\_\_ I give consent for Summit Education Initiative to provide secure sharing of my child’s personally identifiable information between [YOUR ORGANIZATION’S NAME]** **and the Summit County School Districts. I understand the following information will be shared:**

INITIAL HERE

* **Student Name, grade level and date of birth, student ID number**
* **School district name and school building name**
* **Course grades and Grade Point Average**
* **National and state test results**
* **Attendance records (classroom and school absence totals, both excused and unexcused)**
* **Results of surveys administered at the building and/or district level**

**I understand that my child’s information will only be shared between Summit Education Initiative, [YOUR ORGANIZATION’S NAME]** **and the Summit County School Districts, and that this consent may be terminated at any time by my written request as the parent/guardian listed below. It is also my understanding that this consent will last until my child is no longer affiliated with [YOUR ORGANIZATION’S NAME]** **or registered as a student in Summit County School Districts. As a parent or guardian, I have the right to revoke consent at any time. I also have the right to obtain copies of any information about my child that is shared because of this form.**

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Parent/Guardian Name (print) Date of Consent

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 Parent/Guardian Signature

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Child’s Name Child’s School District

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Date of Birth (MM/DD/YYYY) Child’s School Building