

Nooksack Indian Tribe

Release of Information

The Family Educational Rights And Privacy Act (FERPA) is a federal law that protects the privacy of student records, FERPA normally requires that the school district (the "District") obtain written consent from a parent/guardian or eligible student before disclosing the student's personally identifiable information from such records. This form is intended to satisfy the requirements of FERPA and enable the District to communicate with the Nooksack Tribe (the "Tribe"), as authorized by the parent/guardian or eligible student. By signing this form, the parent/guardian or eligible student authorizes the District officials to disclose the education records specified herein as requested by the Tribe.

AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

Student Name: _____ DOB: _____

School District: _____ DATE: _____

Parent/Guardian Name: _____ Contact Number: _____

Authorized Representations of

The Nooksack Tribe

5016 Deming Road

P.O. Box 157

Deming, WA 98244

Phone (360) 592-5176

Fax (360) 592-2125

AND

Authorized Representatives of

School District Name: _____

Address: _____

Phone: _____

Examples of educational records to be disclosed on a need-to-know basis only:

Attendance records, grades, assignments, notes related to student academic success, discipline etc.

For the purpose of: coordinating academic support for the above student between the Nooksack Tribe and the School District listed above.

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| <ol style="list-style-type: none">1. I understand that my consent for the release of records is voluntary and that I may withdraw my consent at any time, in writing. Should I withdraw my consent, it does not apply to information that has already been disclosed under the prior consent for release.2. Unless revoked by undersigned parent/guardian/student, this authorization is valid from the signature date below and for as long as the child is continuously enrolled in the School District listed above. |
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By signing this form, I authorize the District to disclose information from my child's or my education records as specified above.

Parent/Guardian OR Student signature

Date