

CONSENT TO PROVIDE COPY OF EDUCATION RECORDS TO A THIRD PARTY

Date: _____, 20____

Mr. Matthew McCoy
Newburgh Enlarged City School District
Records Access Officer
124 Grand Street
Newburgh, NY 12550

Dear Mr. McCoy:

The purpose of this letter is to authorize _____ to receive copies of the education records identified below, for (name of student) _____, who is (please circle one) my son/ my daughter/ myself as eligible student. I understand that, if the records include answers to a standardized test(s), the district will not provide a copy of the standardized test questions.

I consent to have copies of the following education records provided:

- 1) _____
- 2) _____
- 3) _____

I am making this request because of the reason(s) indicated below with an X:

- The student's records are being transferred to another school.
- District failure to provide copies will effectively deny my right to inspect the records (for example, if the parent lives far away and cannot come in to review/inspect them).
- After School program
- Other (Please Explain) _____

I understand that, unless one of these reasons is marked, district policy states that copies of records shall not be provided. I also understand that the designated third party will reimburse the district a fee of 25 cents per page (or the actual cost of reproduction), and postage if any.

The authorized third party can be reached at telephone # _____. I can be reached at telephone # _____. Thank you for your attention to this request.

Student's DOB: _____

Sincerely,

Current School: _____

Last school attended: _____

Year of Graduation: _____

Notarized Signature of Parent/Guardian/Eligible Student

Notary

THIRD PARTY OR AGENCY AGREEMENT TO MAINTAIN CONFIDENTIALITY OF EDUCATION RECORDS

Date: _____, 20____

Matthew McCoy, Records Access Officer
Newburgh Enlarged City School District
124 Grand Street
Newburgh, NY 12550

Dear Mr. McCoy:

I hereby agree that I or the agency I represent will not further release the information contained within the education records and/or copies of the education records identified below, for (name of student) _____, ID# _____, which I have reviewed and/or received from the district with parental/student consent, unless the parent/guardian or eligible student consent to such further release.

I understand that the release of education records without the consent of the parent/guardian or eligible student is a violation of the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended.

Sincerely,

Authorized Third Party