



## Al Fatih Academy Consent for Release of Confidential Information

### Parental Permission Information for the Release of Personal Identifiable Information:

Under the Family Education Rights and Privacy Act (FERPA), parental permission is required in order to release student personally identifiable information to agencies not identified in the Act.

I, \_\_\_\_\_ (parent/legal guardian), hereby authorize Al Fatih Academy to receive and/or disclose the personally identifiable health and educational information described below for my child, \_\_\_\_\_.

Persons/Organizations authorized to receive and/or disclose the information	
Organization/School/Practitioner Name:	
Address:	
City/State/Zip Code:	
Contact:	
Phone:	
Email:	

Specific Information authorized to be disclosed/exchanged written or verbally (check all items that apply)		
<input type="checkbox"/> Educational Records	<input type="checkbox"/> Medical Records	<input type="checkbox"/> Diagnostic Summary
<input type="checkbox"/> Educational Materials/Work Samples	<input type="checkbox"/> Psychological Testing	<input type="checkbox"/> Disciplinary Records
<input type="checkbox"/> General Observations	<input type="checkbox"/> IEP/504 or Related Documentation	<input type="checkbox"/> Other:

Purpose of this information		
<input type="checkbox"/> Local Screening Committee (FCPS, LCPS, PWCS, etc.)	<input type="checkbox"/> Counselor/Therapist	<input type="checkbox"/> Medical Professional
<input type="checkbox"/> Other:		

Any information disclosed will not be released by the above-named person(s)/organization(s) to any other person(s)/organization(s) unless I so authorize. This authorization will remain effective for one year from the date signed below. However, I understand that I have the right to revoke this authorization, in writing, at any time, and that the revocation will be effective except to the extent that the providing persons/organizations set forth above have taken action in reliance on this authorization before receiving the written revocation.

I understand I have a right to receive a copy of this Consent for Release of Information.

Date:		Date:	
Parent/Legal Guardian Printed Name:		Parent/Legal Guardian Printed Name (optional):	
Parent/Legal Guardian Signature:		Parent/Legal Guardian Signature (optional):	
Relationship to Student:		Relationship to Student:	
FOR OFFICE USE ONLY			
Date:		Title:	
AFA Staff Member Printed Name:		AFA Staff Signature:	