

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 personal identifiable information to agencies not identified in the Act.

I, _____ (parent/legal guardian), hereby authorize Al Fatih Academy to use or disclose the individually identifiable health and educational information described below for my child, _____ . I also authorize Al Fatih Academy to exchange information about my child with the person/organization named below.

Persons/Organizations Authorized to Receive the Information:

Name: _____ School: _____

Address: _____ City/State/Zip Code: _____

Phone: _____

Specific Information Authorized to be Disclosed/exchanged:

- | | |
|-----------------------|------------------------------|
| Educational Records | Diagnostic Summary |
| Verbal Information | Disciplinary Records |
| Medical Records | Standardized Testing Results |
| Psychological Testing | Work samples |

This information is for the purpose of:

Multi-Purpose Referral (Fairfax County Public Schools)

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 calendar year, starting 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: _____

Parent/Legal Guardian Printed Name Relationship to Student Parent/Legal Guardian Signature

Parent/Legal Guardian Printed Name Relationship to Student Parent/Legal Guardian Signature

AFA Staff Member Printed Name Title Staff Signature