



FERPA CONSENT TO RELEASE MY CHILD’S EDUCATIONAL RECORDS (Minor Under 18)

The Federal Family Educational Rights and Privacy Act (FERPA) provides certain rights to parents of students under 18 years old concerning the privacy of, and access to, the child’s personally identifiable information, including Educational Records. Except as otherwise permitted by law, no educational agency may disclose any personally identifiable information contained in your child’s files without your signed and written consent unless a specific exception is provided in FERPA. If you want/will allow an educational agency to disclose your student’s information to another person, you must complete, date, and sign this form and return it to the address below.

YOU MUST COMPLETE THE FOLLOWING INFORMATION (please print or type):

Student’s Name: _____ Date of Birth: _____

Current School Name: _____

Current Grade Level: _____ School District/Parish: _____

Your name: _____ Relationship to Student: _____

Address: _____

Home Phone#: _____ Cell Phone#: _____

Work Phone#: _____ Email Address: _____

AUTHORIZATION TO RELEASE INFORMATION

I, _____, HEREBY AUTHORIZE MY CHILD’S SCHOOL, SCHOOL DISTRICT, AND THE LOUISIANA DEPARTMENT OF EDUCATION TO RELEASE ANY AND ALL OF MY CHILD’S DEMOGRAPHIC AND ACADEMIC DATA, INCLUDING NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER, FREE/REDUCED LUNCH STATUS, GRADE LEVEL, GENDER, ETHNICITY, DISCIPLINE AND ATTENDANCE INFORMATION, GRADE POINT AVERAGE, STANDARDIZED TEST SCORES, ASSESSMENT/EVALUATION REPORTS AND COURSE ENROLLMENT TO THE STATE OF LOUISIANA CHILD OMBUDSMAN (OMBUDSMAN) FOR ANY PURPOSE RELATED TO LA. R.S. 24:525 and 40:2019.

I acknowledge by my signature below that although I am not required to release any of my child’s Educational Records, I am giving consent to release my child’s personal information as indicated above to the OMBUDSMAN.

This authorization shall expire on _____ (date or event) and is needed for the period beginning _____ and ending _____.

Signature of Parent or Personal Representative Authorized by Law

Date

RETURN the completed form to:

State of Louisiana Child Ombudsman
Post Office Box 94397
Baton Rouge, Louisiana 70804-9397
PH: 1-833-543-7452 (833-Kids4La)
Email: kids4la@lla.la.gov