



TITLE:
 Parent Authorization for Disclosure or Release of Student Education Records

FORM: JO-R-F

Updated 8/6/2020

I authorize and request Mesa Public Schools to disclose or release my child's education records in accordance with the following information:

- The entire student's file of education records will be disclosed or forwarded except any records that I designate to be withheld.
- Student education record files consist of a: (i) cumulative record (with permanent record card and birth certificate, scholastic record, transcript, attendance, test scores); (ii) health record (with immunization record or statement/certification of exemption and health log); (iii) psychological record; and (iv) transportation records.

Please specify any files or records with the files that you DO NOT want disclosed or forwarded:

Please indicate the reason for this request:

_____ Withdrawal of Student _____ Needed for Professional Services
 _____ Reason is Confidential Other: _____

You have the right to receive a copy of the records that are forwarded. Please indicate whether you wish to exercise this right:

_____ **No**, I do not wish to receive a copy of the records.

_____ **Yes**, I wish to receive a copy of the records.

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

Address: _____

Telephone: _____

Please allow records to be inspected by: _____
 [Print Name of Person Who Will Inspect Records]

Or

Please send records to: _____
 [Print Name of Person/Institution to Receive the Records]

Address: _____

Student education records are property of Mesa Public Schools. The confidentiality of education records is governed by the Family Educational Rights and Privacy Act and implemented by Governing Board Policy JO – Student Records.