
(School's Name)

Burlington, Vermont 05401

(Address)

(802) _____
(Telephone Number)

CONSENT FORM FOR THE RELEASE OF A STUDENT'S EDUCATION RECORDS

This Consent Form **must be filled out and submitted** to the District before the District can comply with the parent or eligible student's request to release information, other than Directory Information, regarding a student, to _____, the "After School Program."

(Name of Afterschool Program)

Name of Student: _____, the "Student"

I. Specifications of the education records to be disclosed: Any and all education records of the Student maintained by the District that the After School Program believes will assist it in meeting the educational needs of the Student and improving the Student's educational achievement. Such records may include or be relevant to, but are not limited to:

- First and last name
- Date of birth
- Student ID number
- Race/ethnicity
- Gender
- IEP
- Bilingual/Limited English Proficiency
- Parent/guardian name
- Email address(es)
- School attending
- Phone numbers
- Grade Level
- Special education
- Scores on standardized tests
- Progress Monitoring Assessment Data
- Student behavior data
- Student Attendance
- Address
- Grades
- Free/reduced lunch

II. The purpose(s) of disclosure is/are: To improve instruction and other out-of-school time services that promote the Student's success in school, to meet the needs of the Student more effectively, to equitably support students from all demographic segments of the population, to identify gaps in service, and determine whether these programs are supporting student achievement in alignment with educational needs as well as creating a culture of positive behavior and strong youth engagement.

III. Describe the party or class of parties to whom the disclosure may be made: The After School Program's staff who work with the student and or staff who record data relating to the student's participation and progress in the After School Program.

My signature below demonstrates my consent to the release of the above named Student's education records to the After School Program, all as more fully described above. This Consent is valid from September 1 through August 31 of the current school year.

Parent or Guardian or Eligible Student

Date

Copies of the Disclosed Education Record(s) are available upon request to parent(s) or eligible student(s). If you have any questions regarding this request, please call _____ (name and job title) at _____ (School)