

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Student ID (if known)**

**Family Educational Rights and Privacy Act (FERPA) Information Disclosure Consent**

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records and requires consent before the disclosure of personally identifiable student records unless the disclosure is specifically authorized by FERPA. If the student is under the age of 18, a parent/guardian should complete this form. Students aged 18 or older (or attending a post-secondary school), should complete this form instead of their parent/guardian. Additional information regarding FERPA is available at <https://www.wcpsva.org>.

Warren County Public Schools (WCPS) categorizes student educational records as outlined below. Please select the category or categories to which you are consenting to share with the person(s) or organization(s) identified below:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> All categories listed below   | <input type="checkbox"/> English Language Learner       | <input type="checkbox"/> Other (please specify in the space below) |
| <input type="checkbox"/> Academic Transcript for College, University, or Scholarship Organizations | <input type="checkbox"/> Gifted Education               |  |
| <input type="checkbox"/> Attendance  | <input type="checkbox"/> Grades/Transcripts             |  |
| <input type="checkbox"/> Behavior/Discipline   | <input type="checkbox"/> Immunizations                  |  |
| <input type="checkbox"/> Clinic/Health   | <input type="checkbox"/> Registration/Enrollment        |  |
|  | <input type="checkbox"/> Social/Emotional               |  |
|  | <input type="checkbox"/> Special Education/Intervention |  |

Please list the person(s) or organization(s) that you grant WCPS permission to disclose the **above noted categories** of the student’s educational records.

If you want to authorize additional disclosures, you may submit additional forms.

Name	Phone	Email	Purpose
Example: <i>Jane Smith, Counselor</i>	<i>999-999-9999</i>	<i>jan smith@email.com</i>	<i>counseling services</i>

By signing this document, I confirm:

- That I am authorized to provide consent to disclose the student’s records because I am the student’s parent or legal guardian, or because I am the student and I am age 18 or older or attending a postsecondary school.
- That I am giving my consent for WCPS to disclose the selected educational records to the person(s) or organization(s) I have identified above. I understand that I am also authorizing WCPS to discuss the contents of these records with the person(s) or organization(s) I have identified.
- That this consent will continue until I notify WCPS in writing that I revoke consent. I understand that I may revoke consent at any time; and
- I acknowledge the retention/disposition notice below.

\_\_\_\_\_  
**Parent/Guardian or Eligible Student  
Printed Name**

\_\_\_\_\_  
**Parent/Guardian or Eligible Student  
Signature\***

\_\_\_\_\_  
**Date**

\* Signature must be handwritten or a digital signature that identifies and authenticates the identity of the person giving consent.

**Retention/Disposition Notice**

Student records are maintained in accordance with the Library of Virginia General Schedules and WCPS Policies/Regulations.