



## Community Based Organization Parent/Guardian Consent Form 2017-2018 Approval

UW Math Science Upward Bound  
 \_\_\_\_\_  
 Organization/Agency Name  
  
 David Wolczyk  
 \_\_\_\_\_  
 Organization Contact Name  
[dwolczyk@uw.edu](mailto:dwolczyk@uw.edu) 206-543-9288  
 \_\_\_\_\_  
 Contact Email/Phone Number

### Consent to Release of Education Records Under the Family Education Rights and Privacy Act (FERPA)

I consent to the release of my child’s education records from the Seattle School District to the above listed agency.

I understand that education records include, but are not limited to:

1. Student name, DOB and contact information
2. Student Demographics: including Special Education status and 504 Status and race/ethnicity
3. Attendance History
4. Discipline History
5. Coursework and grades History
6. Test Scores History
7. Enrollment History
8. Assignment Grades
9. Upcoming & Missed Assignments

This release includes permission for agency staff to access my child’s academic records using an automated data feed through Seattle Public Schools.

I understand that the purpose of sharing these records is to keep UW Math Science Upward Bound staff informed of my child’s academic program and progress. Agency staff will work with my child and/or his/her school in an effort to improve my child’s success at school. I acknowledge that I may revoke this consent by sending a written notification to the Seattle School District’s School & Community Partnership Department, MS: 32-159 P.O. Box 34165 Seattle, WA 98124.

This Release of Information will make the above-listed educational records, which includes historical student data, available to agency staff from the date of consenting signature until December 31, 2018.

I consent to Seattle School District releasing information to the above listed agency (please print clearly):

**Parent/Guardian Signature (if youth is 17 or younger):** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_

*Student’s Signature (if youth is 18 or older):* \_\_\_\_\_

Today’s Date: \_\_\_\_\_

_____ <b>PRINT Student’s Name</b> (First and Last name)	_____ <b>Student Date of Birth</b>
_____ <b>**Student School District ID #</b>	_____ Student’s School

*\*\*Student ID # can be found on student ASB card, report card, official school mailing, or by contacting your student’s school*

**To be completed only by  
Seattle Public School Students**