WRITTEN CONSENT OF PARENT OR LEGAL GUARDIAN FOR SCHOOL SYSTEM TO RELEASE EDUCATION RECORDS OF PUBLIC SCHOOL STUDENT DIRECTLY TO THIRD PARTY

I, _____, as parent or legal guardian for _____ (hereinafter, the "Student"), hereby give permission to officials of the Wake County School System to disclose confidential education records of the Student, and/or any personally identifiable information contained in those education records, to _____ *state person authorized to receive information* upon his/her request.

The education records governed by this waiver shall include _____ *specify records to be disclosed*. The purpose of these disclosures shall be to _____ *state purpose(s) of disclosures*. I understand that I may revoke this authorization at any time by providing my signed written notice to the appropriate Wake County Public School System officials. Absent such notice, this authorization shall expire on _____ *state date that authorization will expire*.

I acknowledge that this form constitutes my written consent to the release of confidential student records and/or confidential personally identifiable information that are protected under the federal Family Educational and Privacy Rights Act (FERPA) and state law governing the confidentiality of student records and personally identifiable information contained in such records. I certify that I am the parent or legal guardian of the Student and that I have authority to execute this document regarding the Student's education records.

_____
Signature of Parent/Guardian Date

_____
Name of Parent/Guardian (please print)

_____
Address

_____
City State Zip code

_____
Contact Telephone Number