

## FERPA AUTHORIZATION

*Goshen Central School District*

The purpose of the Family Educational Rights and Privacy Act (FERPA) is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of “non-directory information” contained in a student’s education records. I understand that I have the right not to consent to the release of my/my child’s education records and I have the right to receive a copy of such records upon request.

Name of Student: \_\_\_\_\_  
(Please Print)

I, the undersigned, hereby authorize the Goshen Central School District (“District”) to release the following education records:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

To the following Person and/or Agency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

For the purpose of (e.g., providing a recommendation, providing information about, etc.):

\_\_\_\_\_  
\_\_\_\_\_

I understand that this authorization remains in effect from today through \_\_\_\_\_ (Month/Year). I also understand that it will be necessary to send a written request to the District to revoke this authorization but that any such revocation shall not affect disclosures previously made by the District prior to the receipt of any such written revocation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date