

Parental Permission to Release Student Data

We would like your permission to use your child's educational data to evaluate the effectiveness of [*Program Name*] at [*Organization name*]. We need this data as part of [*Organization name*]'s participation in the [*Plan Name*], to track your student's progress and to ensure that the coordinated set of programs is having a measurable effect on your child's academic success.

This form tells you about the data we are requesting to be shared. You can decide if you want your child's data to be used. **It is up to you.** Your child can still participate in [*Program Name*], even if you don't want us to use his/her information to evaluate the effectiveness of the program. Your permission to use the data lets us improve our program for your child and for future students.

- If you **do** want your child's data to be provided, then you **should** sign this form.
- If you **do not** wish to release your child's data, then you **should not** sign the form.

What educational records are needed?

As part of this program, we want to get data about your child from Hillsborough County Public Schools. This is private information that we must have your approval to use. We are requesting the following records:

- [*List and briefly explain each specific educational record you are requesting, including the purpose of each.*]

Federal law (*FERPA*) requires us to keep educational information about your child private. We will keep your child's records private by [*Explain how you will ensure that their records are kept confidential, and include the length of time that the data will be stored*]. We will only use the educational data for the purposes explained in this document, and all copies of your child's educational information that is released to us will be destroyed or returned to the school district office at the conclusion of the project. We will not save any individually identifiable educational data for your child.

What happens if you decide not to let your child take part in this study?

You should only agree to release your child's information if you want to do so. You should not feel that there is any pressure to release it. If you decide not to release your child's data, or change your mind, your child will not be in trouble or lose any of his/her rights to participate in the program.

You can get the answers to your questions, concerns, or complaints.

If you have any questions, concerns or complaints about this study, call [*Program Contact*] at [*telephone #*] or Hillsborough County Public Schools' Department of Assessment, Evaluation, & Accountability at (813) 272-4341.

Consent to Release my Child's Educational Records

I consent to release my child's data. I understand that by signing this form I am releasing educational data about my child and I have verified my child's Hillsborough County Public Schools district ID number (i.e., Student Number). I have received a copy of this form to take with me.

Printed Name of Child & Date of Birth

7-digit School District ID Number of Child

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date