

# Springwater Trail High School

1440 SE Fleming Avenue

Gresham OR 97080

Phone: (503) 261-4600

Fax: (503) 261-4630

## Authorization to Use and/or Disclose Educational Information

1. I authorize the disclosure of educational information regarding my child:

Student name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID # \_\_\_\_\_

2. By marking the boxes below, I authorize the use/disclosure of the following specific educational records:

- a.  Educational information
- b.  Letter of Recommendation

3. I understand this information will be used only for the purpose of Senior Letter of Recommendation.

4. I understand that

- a. This authorization is voluntary and I may refuse to sign it.
- b. I have the right to request a copy of this form after I sign it, as well as inspect or copy any information to be used and/or disclosed under this authorization if allowed by state and/or federal law
- c. I may revoke this authorization at any time by notifying \_\_\_\_\_ in writing. However, it will not affect any actions taken before the revocation was received or actions taken based on the previously shared information.
- d. Federal privacy rules for educational information apply only to schools and EI/ECSE programs. If I authorize disclosure of educational information to other agencies or individuals, the disclosed information may no longer be protected by federal privacy regulations.

5. I consent to the use/disclosure of the above information. I understand that the use of this information for any reasons other than the expressed reasons stated above is prohibited. The consent is subject to revocation at any time, except to the extent that action has been taken based on information that has already been disclosed.

Signature of Parent, Legal Guardian \_\_\_\_\_

Student/Child \_\_\_\_\_ Date \_\_\_\_\_

This authorization expires on \_\_\_\_/\_\_\_\_/\_\_\_\_ (not to exceed one year from date of signature)