

PARENT Authorization for Release

Muzetta Thrower Adult Education Center

194 Bella Vista Road, Vacaville CA. 95687| 707/453-6018



The Federal Family Education Rights and Privacy Act (FERPA) of 1974, Muzetta Thrower Adult Education Center will not provide personally identifiable student information (including but not limited to grades, attendance, enrollment, assessments, or fees and other student records) to third parties absent the student's consent. Third parties include parents, spouses and third-party designees.

Students may grant Muzetta Thrower Adult Education Center permission to release certain information to third parties by submitting this form. A separate form must be submitted for each individual request to grant access to your records. Records will only be released upon request by the third party (THEY WILL NOT BE SENT AUTOMATICALLY BY MUZETTA THROWER ADULT EDUCATION CENTER).

STUDENT INFORMATION	
STUDENT'S NAME: (FIRST & LAST)	STUDENT ID #
MAILING ADDRESS (STREET, CITY, STATE, ZIP)	PHONE #
THIRD PARTY DESIGNEE	
NAME (FIRST & LAST) or AGENCY and RELATION TO STUDENT	PHONE #
ADDRESS (STREET, CITY, STATE, ZIP)	EMAIL ADDRESS
INFORMATION TYPES ALLOWED (Check one or more of the boxes below to grant authorization):	
<input type="checkbox"/> Assessments (Pre-Post Test results that are available)	<input type="checkbox"/> Attendance Records
<input type="checkbox"/> Enrollment	<input type="checkbox"/> Fees
<input type="checkbox"/> Grades	<input type="checkbox"/> Other: _____ (specify)

This consent shall remain in effect through (choose one):

- ☐ Entire duration of enrollment with Muzetta Thrower Adult Education Center
- ☐ Academic Year (Please specify): _____

I understand that although I am not required to release this information, I am giving my consent to Muzetta Thrower Adult Education Center to disclose these records.

Adult Student Initial _____

This authorization shall stay in effect for the current academic year only. (To revoke a Student Information Release submit a written request)

Adult Student Initial _____

Students and the third-party individual listed above must sign the form in the presence of a MTAEC official and show a photo ID. Please submit to the Office at the Muzetta Thrower Adult Education Center.

Third-Party Signature (Parent)

Date:

Adult Student Signature:

Date: