



# VIRGINIA BEACH CITY PUBLIC SCHOOLS

## CHARTING THE COURSE

Department of Teaching and Learning  
Office of Student Support Services

### Family Educational Rights and Privacy Act (FERPA) – WAIVER

*The Family Educational Rights and Privacy Act (FERPA) of 1974 (the Buckley Amendment) insures parents/guardians the right to privacy and confidentiality with respect to their child's educational records. With a parent's written consent, Virginia Beach City Public Schools may disclose any confidential information on file to any individual or agency named by the parent. This form is designed to allow you to authorize us to release information to the person(s) or organization(s) designated below.*

Student Name (please print)

Student ID#

DOB

I understand that the Family Educational Rights and Privacy Act of 1974 as amended (FERPA) protects the privacy of my child's educational records and limits access to the information contained in those records.

1. I authorize Virginia Beach City Public Schools to release any or all of my child's educational record/information to the individual(s)/organization(s) listed below. **Initial here:** \_\_\_\_\_

**OR**

2. I authorize Virginia Beach City Public Schools to release only the following information:

(e.g., grades, transcript, enrollment/attendance records, test scores, discipline records, 504/special education records)

Parent(s), guardians, or family members to whom my records may be released (These individuals will be required to provide proof of identification before information can be released):

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

**Relationship to Student:** \_\_\_\_\_

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

**Relationship to Student:** \_\_\_\_\_

Other person(s), agency(ies), and institutions(s) to whom my records may be released (Please include name of organization, contact person, and telephone number):

**I understand that:**

1. I have the right not to consent to the release of my child's education records.
2. This consent shall remain in effect until I submit a written request to cancel this authorization.

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian