Consent to Share Information
Washoe Tribe Education Department (Education Assistance)

If your answer is NO to the following question, you <u>do not need to</u> complete nor return this form to your child's school:

"Is your child of American Indian or Alaska Native heritage?" ___YES ___NO

If 'Yes', the Washoe Tribal Education Department work to increase success in your child's education (grades K-12) in local schools. We can provide your child better assistance by determining his/her needs and areas of difficulty. Therefore, we request access to student information.

In compliance with the Family Education Rights and Privacy Act of 1974, I hereby grant permission for the local county schools to release education record information to the Washoe Tribal Education Programs concerning my son/daughter.

Student Information (Please Print):

Last Name	First Name	Middle Name	Date of Birth

Print Name	Address

Print Name	Address

Parent/Guardian (Print Name)	Parent/Guardian (Signature)	Date

Such information may include:

- Transcripts
- Progress Reports/Assignments
- Attendance
- Student schedules/calendars
- Report Cards
- Test Data & Competency Reports
- Citizenship/Behavior Records

Written consent of parents is required for the release of personally identifiable records or other information protected by the Family Education and Privacy Act to agencies or individuals. Agencies or individuals may not share information with any other party without the written consent of the parents unless entitled to do so under FERPA 99.33.

You may revoke this authorization at any time by contacting the Washoe Tribal Education Director or Site Representative. Unless revoked earlier, this consent will remain in effect until the student enrolls in a new school, at which time a new authorization will be required. If contact or communication between the Washoe Native TANF education staff and parent(s)/guardian(s) does not successfully occur after three (3) attempts, services provided by our program may cease.

Note: The party receiving the educational records is hereby notified of the following:

(1) The educational records are to be used only for the described purpose;
(2) The educational records may not be re-disclosed without written consent of the parent, guardian, or eligible student.

Douglas County School District Office Use Only:

Records/Information provided on_____ (Date) to _____ (Name of Individual/Department)

_____ (Signature of Designated Staff Person Fulfilling Request) _____ (Date)