

**FERPA COMPLIANT REQUEST FOR STUDENT RECORDS**

I, \_\_\_\_\_, (*Name of parent of minor student, or eligible student if the age of majority*), HEREBY REQUEST that the School Board of Hernando County, its employees, agents, and assigns (hereinafter SCHOOL BOARD), provide release of student records, for: \_\_\_\_\_, (*Name of Student*) which are in possession of the SCHOOL BOARD, to the following person or party: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (*name and address of person/party to whom records are to be sent/shared*).

I understand that I can limit the SCHOOL BOARD'S production of records to certain specified records. I wish to have the SCHOOL BOARD (select one):

- send a complete copy of any and all student records in its possession
- only send the specified records listed below.

If the "all student records" option is chosen, then the records provided may include materials that are not student records, or that may otherwise be confidential, including but not limited to criminal records, whether student was an offender or victim of any type of crime.

I understand that all such records may be confidential under Federal Law and Florida Law, including, but not limited to §1002.22, Florida Statutes and 20 U.S.C.A. § 1232g, and I waive all rights of confidentiality as to this request, thereby allowing SCHOOL BOARD to provide copies of my records to the above-referenced person/party.

The reason for this release of records is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(20 U.S.C.A. 1232g(b)(2)(A) requires the requestor to specify the reason for the request for release).*

In the event that the student records are to be delivered to a third party, I acknowledge and I have confirmed that such third party will not permit any other party to have access to such information without my further written consent.

I agree to release, hold harmless, and indemnify the SCHOOL BOARD for any and all damages or claims arising out of the SCHOOL BOARD'S compliance with my request to send my student records to the above-referenced person/party.

*Select one:*

- I do not wish
- I do wish

... to receive a copy of the records provided to the above-referenced person/party. I understand that I must pay a reasonable reproduction cost prior to delivery of my copy of the records.

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## **SPECIFIC RECORDS REQUESTED:**

*(Only identify specified records if you do not want the SCHOOL BOARD to send a complete copy of any and all of your student records):*


\_\_\_\_\_  
**Student Parent/Guardian (or eligible student)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

/ss  
12/2014