

The Family Educational Rights and Privacy Act (FERPA)

Student's Name _____ School _____

Please circle the number of the specific categories of information, if any, listed below that you do **not** wish to be released without your specific prior written permission and return to the school.

- A. student's name
- B. address
- C. parents' names
- D. major field of study
- E. participation in officially recognized activities and sports
- F. height and weight of members of athletic teams
- G. dates of attendance (date entered, date left)
- H. degrees and awards received
- I. grade point average (GPA)
- J. motor vehicle description (including license plate number)
- K. hair and eye color
- L. race
- M. sex
- N. date and place of birth
- O. height
- P. weight
- Q. grade level
- R. student I.D. number
- S. most recent previous school attended
- T. photograph
- U. videotape not used in disciplinary matter
- V. student work for display at the discretion of the teacher (no grade displayed)
- W. peer assessment
- X. other similar kinds of information that would not generally be considered harmful or an invasion of privacy if disclosed specify:

Date

Parent's Signature

*Eligible Student's Signature

*Eligible students must be over eighteen (18) years of age or attending an institution of post secondary education.