



**PERMISSION TO DISCLOSE RECORDS
(FERPA-COMPLAINT)**

Check appropriate box:

- I, _____, parent and/or legal guardian of
_____, a minor (DOB _____),
- I, _____, an adult student (age 18 or older)
(DOB _____),

hereby authorize the Longview School to disclose records (and personally identifiable information from those records) to:

(Recipient's Name and Address)

This authorization pertains to the following categories of records [check one box]:

- All records
- Specify: _____

The purpose of this disclosure is: _____

Date: _____ By: _____
Student/Parent/ Legal Guardian