



## PERMISSION TO DISCLOSE RECORDS (FERPA COMPLIANT)

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 RSEC Academy 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:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student/Parent/ Legal Guardian

\_\_\_\_\_  
Date