



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