



BAINBRIDGE ISLAND SCHOOL DISTRICT
 8489 Madison Avenue
 Bainbridge Island, WA 98110

Records Consent Form (Part 1)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232; 34CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA give parents certain right with respect to their children’s education records. Under FERPA, a school may not generally disclose personally identifiable information from a minor student’s education records to a third party unless the student’s parent has provided written consent.

This form provides consent for the school district to provide educational records to an assigned non-custodial parent/guardian.

Student Full Name: _____ (First Middle Last) DOB: _____

Assigned Non-Custodial Parent/Guardian

First Name _____
Last Name _____
Street Address: _____
City, State Zip Code: _____
Home Phone _____
Cell Phone _____
Email Address _____

As parent/legal guardian of this student, I understand that school personnel will communicate and provide educational records with the adult listed above on all school matters pertaining to my son/daughter. This will be in effect from _____ to _____.

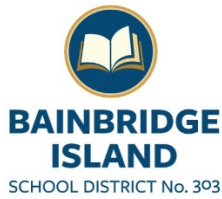
(Signature)

(Name – Please Print)

(Relationship to Student)

(Date Signed)

*Distribution: Cum File, Registrar, Custodial Parent/Guardian, and Non-Custodial
 Revised: 09/19/17*



BAINBRIDGE ISLAND SCHOOL DISTRICT

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Records Consent Form (Part 2)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232; 34CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA give parents certain right with respect to their children’s education records. Under FERPA, a school may not generally disclose personally identifiable information from a minor student’s education records to a third party unless the student’s parent has provided written consent.

This form provides consent for the school district to provide educational records to an assigned non-custodial parent/guardian.

Student Full Name: _____ (First Middle Last) DOB: _____

Assigned Non-Custodial Parent/Guardian

First Name _____
Last Name _____
Street Address: _____
City, State Zip Code: _____
Home Phone _____
Cell Phone _____
Email Address _____

As the non-parent/legal guardian of this student, I understand that school personnel will communicate and provide educational records with the adult listed above on all school matters pertaining to _____. This will be in effect from _____ to _____.

(Signature)

(Name – Please Print)

(Relationship to Student)

(Date Signed)