

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) REQUEST
TO RELEASE/ACCESS STUDENT RECORDS**

I, _____, (*Name of parent of minor student or student who has obtained the age of majority*), HEREBY REQUEST the School Board of Pasco County, its employees, agents, and assigns (hereinafter SCHOOL BOARD), provide, share or otherwise release the student records for: _____ (*Name of student*), which are in possession of the SCHOOL BOARD, to the Athletic Transfer Participation Committee (ATPC).

I understand I can limit the SCHOOL BOARD'S release of records to certain specified records. I wish to have the SCHOOL BOARD ___ give access to and/or communicate regarding all student records in its possession OR ___ only allow access to and/or communication related to _____. Please be advised the outcome of your appeal through this process may be impacted if you fail to provide access to the records, which are required for the Athletic Transfer Committee to properly assess your appeal.

I understand the records provided may include materials which are not student records, or may otherwise be confidential, including but not limited to criminal records, whether the student was an offender or victim of any type of crime.

I further understand all such records may be confidential under Federal Law and Florida Law, including, but not limited to §1002.22, Florida Statutes and 20 U.S.C.A. §1232g, and I waive all rights of confidentiality as to this request, thereby allowing the SCHOOL BOARD to openly communicate with the Athletic Transfer Participation Committee Members.

The reason for this release of records is to allow the Athletic Participation Committee Members to access student educational records, to best determine the Student Athletes' participation status; the committee is comprised of School Administrators, Athletic Directors and Community Volunteers. (*20 U.S.C.A. 1232g(b)(2)(A) requires the requestor to specify the reason for the request for release.*)

I agree to release, hold harmless, and indemnify the SCHOOL BOARD for any and all damages or claims arising out of the SCHOOL BOARD'S compliance with my request to provide access to my student's records to the Athletic Transfer Participation Committee.

Parent/Guardian (or eligible student)

Date

Witness

Date