

FERPA Release of Information

Under the Family Educational Rights and Privacy Act (FERPA), **NYS**

Yes, I consent to the disclosure of any personally identifiable information from my application records to my parent(s), guardian(s), or other authorized proxy for reasons determined by the NYSED Office of Indigenous Education as appropriate.

No, I do not consent.

Student Name: _____

Student Signature: _____ **Date:** _____