



**AUTHORIZATION AND CONSENT  
FOR RELEASE OR EXCHANGE OF INFORMATION**

Hampton City Schools  
1 Franklin Street, Hampton, VA 23669

*(Must be completed in advance of each meeting/conference between Hampton City Schools personnel and a non-parent if the parent(s) or eligible student are not present.)*

The Family Educational Rights and Privacy Act ("FERPA") affords parents/legal guardians and students who are 18 years of age or older (eligible student) certain rights with respect to the student's education records. Included is the right to provide written consent before the school disclosures personally identifiable information (PII) from the student's education records or directly from the student while at school.

I am the parent/legal guardian or eligible student:

Student Name: \_\_\_\_\_

Date of Birth or Student ID #: \_\_\_\_\_

I hereby authorize Hampton City Schools to release information to:

Full Name of Non-Parent: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

INITIAL appropriate line(s) for release and/or exchange of information:

_____ Education records	_____ Medical information	_____ Recording of the student
_____ Attendance records	_____ Disciplinary information	

For the following purposes:

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

This Authorization and Consent is valid for a specific meeting/conference only to be held on:

Date/Time: \_\_\_\_\_

Location: \_\_\_\_\_

I understand that I may revoke this Authorization and Consent prior to the date/time of the meeting/conference by submitting written notice of my revocation. By signing below, I acknowledge my consent for Hampton City Schools to release/discuss information about the identified student with an individual not otherwise eligible to receive such personally identifiable information.

Parent/Guardian:

\_\_\_\_\_  
Print Name Signature Date

Eligible Student:

\_\_\_\_\_  
Print Name Signature Date