



Parental Authorization for Disclosure of Educational Records

I hereby authorize the Santa Rosa City Schools to disclose Student's educational records to representatives of Chop's Teen Club for the purpose of sharing information necessary to assist in the administration and effectiveness of the programs provided to SRCS students by Chop's Teen Club.

I further authorize SRCS personnel, including but not limited to, teachers, counselors and school administrators to speak with representatives of Chop's Teen Club about Student, Student's educational program and progress and the contents of Student's educational records for the purpose of sharing information necessary to assist in the administration and effectiveness of the programs provided to SRCS students by Chop's Teen Club.

By signing this authorization, I understand that the District may share Student's educational records and may provide representatives of Chop's Teen Club with direct electronic access to Student's cumulative file in order to access records that are (1) directly related to Student; and (2) are maintained by SRCS or other parties acting on behalf of SRCS. I further understand that Student's educational records may include, but are not limited to, personally identifying information (including phone number and address), attendance records, transcripts, grade reports (report cards and progress reports), state and District standardized testing results, special education records and disciplinary records.

By signing this authorization, I acknowledge that I have been provided annual notification by the District of my and Student's rights pursuant to the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and that, should I require an additional copy of those rights, one can be obtained by contacting the Santa Rosa City School Director of Student Services

I understand that I may refuse consent to this authorization in whole or in part. This authorization shall be valid for as long as Student is a member of Chop's Teen Club. I understand that I may revoke this consent at any time by providing a revocation in writing to the Santa Rosa City Schools District Director of Student Services.

I authorize SRCS to share Student's educational records with and to provide electronic access to those records to representatives of Chop's Teen Club.

Date: _____

Signature of Parent or Legal Guardian

Name of Student

/ /
DOB

Relationship to Student