

(Student/Lunch Number _____)

**CONSENT TO DISCLOSE STUDENT'S PERSONALLY IDENTIFIABLE INFORMATION WITHIN
WINSTON-SALEM/FORSYTH COUNTY SCHOOLS EDUCATION RECORDS
FOR RESEARCH PURPOSES**

I/We _____ are the Parents/Guardians of Winston-Salem/Forsyth County Schools
Student _____.

____ (please initial) I/We agree and consent to the release of personally identifiable information from the education records of my son/daughter (hereinafter "Student"), subject to the terms of this consent agreement.

____ I/We understand that the records to be disclosed include but are not limited to, grade reports, student growth and achievement data, enrollment information, English language learner status, transcripts, classroom performance/behavior, and other personally identifiable information from the education records of Student.

____ I/We agree and consent to the disclosure of the personally identifiable information from the education records of Student to the following School and Community Data Sharing Project (SCDSP) entities: **Augustine Literacy Project** (Out of school Time Organization); nFocus Software; and SCDSP Intermediaries/Contract Administrators.

____ I/We understand that the purpose of disclosing the personally identifiable information from the education records of Student is to study ways to improve Student's learning and school performance, and to study ways to improve the impact of after school programs. Such information shall not be published in a manner that will lead to the personal identification of Student.

____ I/We understand that this information is used solely for research purposes and to improve Student's learning and school performance and shall not be further re-disclosed to third parties not named on this consent form without my/our prior written consent.

Parent(s)/Guardian(s)/Other (Please describe)

Date: _____