

ATTACHMENT D:

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 (First/Middle/Last): _____.

Student information:

Student Number (Lunch Number): _____ Date of Birth (MM/DD/YYYY): _____

School: _____ Gender (Circle One): Male Female

Grade: _____ Race/Ethnicity: _____

_____ (please initial) I/We agree and consent to the release of personally identifiable information from the current and past 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 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 entities; specified service provider: _____;
and Forsyth Futures.

_____ 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 Such information shall not be published in a manner that will lead to the personal identification of Student.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.

_____ I/We understand that student registration in the above mentioned service provider programming will be available to other agencies participating in this data sharing project.

_____ I/We understand that this permission is valid for as long as my student remains in the program, unless I revoke this permission in writing.

Parent(s)/Guardian(s)/Other Signature

Date (D/M/Y): _____

Organization Representative

Date (D/M/Y): _____