

Administrative Offices

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***Community Partner Learning Place
Authorization to Release Education Records and Consent Form***

The students listed below are participating in the programs at _____, located at _____ hereafter referred to as the Organization. By signing this form, I am giving the Organization staff permission to communicate regarding services offered to me and/or my family, with the Jefferson County Public Schools (JCPS). I hereby authorize JCPS to release the education records of the students listed below to the Organization. **The records to be released are the student's name, student ID number, school, address, grade level, State required assessment scores, classroom test scores, grades, attendance, suspensions, early childhood work sampling scores, kindergarten readiness, ACT scores, graduation readiness, college readiness, career readiness, senior transition, comprehensive school survey data, student login and password, and all instructional information gathered through computer-based intervention software.** I understand that the Organization has agreed to keep these records confidential.

I understand that by authorizing the release of this information, it will be used for the sole purpose of providing and enhancing services to me, my family, and/or my child and to avoid duplication between the agencies. The disclosure of information will be limited to staff at the Organization and JCPS.

There may be times when JCPS, the Organization or the news media may take photographs (or other digital images) of students participating in activities. Those images may appear in JCPS's or the Organization's publications including electronic publications or in the news media for education related stories. By signing this form, I authorize JCPS and the Organization to use the name and image of the students listed below for these purposes and for the purpose of providing community recognition.

I understand that JCPS and the Organization are independent parties. I understand and agree that JCPS shall have no liability for the acts or omissions of the Organization, their employees and volunteers. I have read and understand the contents of this form. I have received a copy, and I agree to its provisions. I understand that I may revoke this authorization at any time by written request.

I understand that this authorization will remain in effect until revoked by me in writing and delivered to the address below.

Print Name of Parent/Guardian: _____
(or Student if 18 or over)

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Please print students' Name, Current School and Grade:

Original must be sent to Dr. Allene Gold, Volunteer Talent Center, VanHoose Education Center, 3332 Newburg Road, Louisville, KY 40218, copy kept on file at organization/agency and copy given to parent/guardian or eligible student.