



## STUDENT CONSENT FOR PARENTS TO ACCESS EDUCATION RECORDS

I, \_\_\_\_\_, am a current student who is over the age of 18. I give consent to the New York City Department of Education to release my education records to my parent/guardian.

As long as I continue to attend school, I authorize my parents/guardians, as listed below, to exercise all the rights defined in the regulation governing access to and confidentiality of student records, Chancellor's Regulation A-820. All the information released to the persons named below should be considered to have been released to me.

### Student Information

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

Student Date of Birth: \_\_\_\_\_

Student ID/OSIS Number (9-digits) \_\_\_\_\_

### Parent/Guardian Authorized to Access Records

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

### Additional Parent/Guardian Authorized to Access Records

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

### Signature

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_