



Albuquerque Public Schools Consent for Release of Student Information

Name of Student

____/____/____
DOB

Name of School

Student ID #

Grade

The above student qualifies to receive services from an agency outside of APS to support their academic and/or social/emotional wellbeing.

I _____ hereby grant
(parent/guardian name)

_____ with _____ may have
(contact person) (agency)

access to _____'s academic records.
(name of student)

Agency must provide parent/guardian with the list of records that will be requested for their child. Records include:

- Transcript/Grade reports - Fall (December/January/end of 1st semester) and Spring (May/June/end of school year)
- Attendance - Fall (December/January) and Spring (May/June)
- Assessments - Fall (December/January) and Spring (May/June) - this would include any math assessment for MS/HS, like i-Ready and MAPS
- Immunizations
- Disciplinary Records
- 504 Status
- Special Education
- Bilingual Education/ESL
- Free and Reduced Lunch

The above agency may have access to my child's academic information for the 2019-2020 academic year for the purpose of _ Improving after-school and summer session education programming for Horizons students. _
(insert purpose for the request of records)

I understand this release must be renewed each academic year.

By signing below, I am verifying that the agency has provided me with the list of records that will be requested for my child and I give consent to APS to release records and other information covered by the Family Rights and Privacy Act of 1974 (FERPA). I understand that by signing this form my child's records and information can be released to the agency/person listed above.

Parent/Guardian Name

Parent/Guardian Signature

Date