



The Uniquely Abled Academy® Replication Guide

Element 3: Marketing, Recruiting Selecting and Onboarding Trainees

Exhibit 3.3: FERPA Release Form

Publication Date: July 14, 2023



Uniquely Abled Academy at *School*

School Address

School Telephone Number

Family Educational Rights and Privacy Act (FERPA) Release Form

FERPA Overview

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that establishes the rights of students with regard to certain education records and ensures students of the rights of privacy and confidentiality with respect to those records. Subject to several exceptions, FERPA prohibits School (the College) from providing student education records to a third party without prior authorization.

For instance, under one of the exceptions, FERPA permits school officials to release directory information at their discretion without your prior authorization. At the College, directory information includes one or more of the following items: student name, email address, major field of study, dates of attendance, degrees, honors and awards received, and most recent previous institution attended. The College will not release your directory information if you provide written notification to the College's Office of Admissions and Records that you do not wish the College to release such information, as outlined in the College's FERPA Policy, Board Policy 5040. Board Policy 5040 is available at <http://glendale.edu/modules/showdocument.aspx?documentid=25813>. Please visit this link for a comprehensive overview of your rights under FERPA.



Release of Education Records

You may grant the College permission to release information about your education records to a third party (parent, spouse, employer, etc.) by submitting a completed FERPA Release Form.

At the postsecondary level, parents have no inherent rights to inspect their son's or daughter's education records. The right to inspect is limited solely to the student. Records may be released to parents only if one of the following conditions has been met: (1) through the written consent of the student, (2) in compliance with a subpoena or court order.

Therefore, if the above exceptions do not apply, you must sign and submit this form if you wish your parents or guardians, or other third party to have access to your education records. Please note that while this Release Form authorizes the College to release education records to third parties, it does not obligate it to do so.

By signing this form, you verify that you have read and understand the FERPA regulations as presented above and in Board Policy 5040. You also give the College permission to discuss and/or release your educational records with the designated third party.

Note: By submitting this form you are agreeing to have your record(s) shared appropriately with any third party officially affiliated with the Uniquely Abled Academy at School.

This FERPA release form must also be accompanied by a copy of your School photo identification card or valid CA Driver's license or identification card or passport/visa. Forms which are submitted via postal service *MUST* be notarized and accompanied by a copy of one of the above forms of identification.

Third parties requesting a student's record(s) must present their own appropriate identification: School photo ID card, valid CA driver's license or DMV identification card, or passport/visa. In addition, third parties must also present a copy of one of the following: student's SCHOOL identification card, valid CA Driver's license or DMV identification card, or passport/visa.

SCHOOL ID#: _____ Date: _____

Student Name: _____
Last Name, First Name MI



To grant appropriate access to your *SCHOOL* college educational records to a third party officially affiliated with the Uniquely Abled Academy at *School*, complete the information below and submit the completed form either to the Office of Admissions or the appropriate department (e.g., Math, EOPS, DSPS, Financial Aid, etc.).

I understand that confidential information may be discussed with the individuals listed below and I waive my FERPA rights for the purposes as specified below for this specific request/meeting only. I hereby give *School* permission to discuss and/or release any and all educational records maintained by *School*, as specified below:

For the purpose(s) of:

Assisting me in obtaining: disability accommodation, enrollment assistance, information regarding potential funding sources to support my needs related to my participation in the Uniquely Abled Academy, referral to campus and community resources.

Records I wish the College to release:

Dependent upon need and as appropriate.

With the following individual(s) or a third party officially affiliated with the Uniquely Abled Academy at *School*:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

This authorization will remain valid until you notify *SCHOOL* in writing that you are cancelling/withdrawing this authorization.

Student signature: _____ Date: _____

SCHOOL Staff Signature: _____ Date: _____