

Parent Consent to Share School Data with [ORGANIZATION]

[2-3 sentence of INFORMATION ABOUT YOUR PROGRAM]

In an effort to provide better services to youth and improve outcomes for kids in Flint Community Schools [FCS], FCS would like to share some of the information with staff from [ORGANIZATION]. Although these individuals are not FCS staff, they work with youth to improve how they do in school. By providing [ORGANIZATION NAME] staff with access to school data, these staff will be better equipped to:

- List reasons for wanting data
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We would like your written consent to allow staff from [ORGANIZATION] working with your child to obtain information about your child from FCS. All information will be treated as confidential and will only be used for purposes related to enhancing the delivery of services. The [ORGANIZATION] will use the information described below to enhance their programming and interaction with your child.

Data to be Shared

If you sign this form, Flint Community Schools may share the information described below for purposes of enhancing the delivery of programming:

- List data such as
- Student name, student school, grade level, student ID number, parent/guardian names, and email addresses
- Your child’s grades, progress reports, school attendance information, and teachers
- Your child’s courses, course resources, and homework assignments

If you agree to the statement below, please sign and date this form, and return it to the staff at [ORGANIZATION].

I give my consent for Flint Community Schools to share the above-described student information with the \_\_\_\_\_ [organization name] for the purpose of enhancing the programming they deliver to my child. **I understand that this information will be treated as confidential in conformity with the Family Educational Rights and Privacy Act, will not be released to any other parties, and will be used for the sole purposes described above.** I understand that participation in sharing this information is voluntary. Your child can still participate in services at [ORGANIZATION].

I am the parent or legal guardian of the student named below, and hereby fully release and discharge the FCS and its officers, employees, and agents from any and all liabilities arising out of or in connection with the above described data sharing relative to the above stated organization. I reserve the right to withdraw my consent at any time by submitting a written notice of withdrawal of consent to: [organization name and address]

\_\_\_\_\_  
Student’s name (first, middle, last)

\_\_\_\_\_  
School Name **and** Student ID#

\_\_\_\_\_  
Student’s Birthdate (month/day/year)

\_\_\_\_\_  
Language Preference

\_\_\_\_\_  
Parent/Guardian’s Name (first, middle, last)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today’s Date (month/day/year)