



**DALLAS INDEPENDENT  
SCHOOL DISTRICT**

## **CONSENT FOR RELEASE OF STUDENT INFORMATION**

**Pursuant to the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g; 34 C.F.R. § 99.30, I authorize the Dallas Independent School District to disclose information from the educational records of:**

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

First Name

Last Name

Middle Initial

Date of Birth

**to the person listed below:**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

**Specify document(s)/information authorized for release:**

**For the purpose of:**

\_\_\_\_\_  
Parent/Legal Guardian or Eligible Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED Name of Parent/Legal Guardian or Eligible Student

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code