## Obtaining FERPA/SAYO-Y consent for Adult Students (18+)

When a student reaches the age of 18 or enters a postsecondary institution (whichever occurs first), their educational rights and protections under FERPA automatically transfer to the student. The only exceptions would be if a student elects to voluntarily transfer their educational rights to another individual over 18 or if an adult is identified by a court or other agency to maintain the educational rights of a student beyond the age of 18. <u>Unless provided written documentation that an 18-year-old student does **not** hold their educational rights, grantees must obtain consent directly from the student.</u>

Sample consent language (FERPA and SAYO-Y) for adult students (18+) are included below.

| Sample FERPA Conse         | ent  |                                   |
|----------------------------|--|-----------------------------------|
| 1                          | (Student name) hereby authoriz                           | ze and consent to DCPS Office of  |
| the Chief of Staff. Office | e of the State Superintendent, or                        | (name of                          |
| school to provide my ed    | e of the State Superintendent, orducation information to | (Grantee Name) and                |
| the DC Office of Out of    | School Time Grants and Youth Outcome                     | es (OST Office) I further         |
|                            | f my educational records for the current s               |                                   |
|                            | following information: education transcript              |                                   |
|                            | tudent ID, address, demographic data, at                 |                                   |
|                            | ta, IEP information, and graduation attain               |                                   |
|                            | effect from the date signed through my g                 |                                   |
|                            | e. college). I understand that I may revok               |                                   |
| •                          | -  | -                                 |
| By signing below, 1) I a   | cknowledge and understand that I have t                  | he opportunity to review the      |
| records to be disclosed    | l and the right to challenge the contents of             | f such records, and 2) I am at    |
| least 18 years of age.     |  |                                   |
|                            |  |                                   |
| Student Name               | <br>Student Signature                                    | <br>Date                          |
| Sample Survey of Aca       | ndemic and Youth Outcomes-Youth Sur                      | rvey (SAYO-Y) Consent             |
|                            | (Grantee Name) is funded by the Off                      | fice of Out of School Time Grants |
| and Youth Outcomes (C      | OST Office), a DC Government agency. A                   |                                   |
|                            | nation with the OST Office that may be co                |                                   |
|                            | of birth, school name, demographics, an                  |                                   |
|                            | υ το                 |                                   |
| In addition, we are requ   | uired to administer a questionnaire called               | the Survey of Academic and        |
|                            | O-Y). The SAYO-Y is a brief survey with o                |                                   |
|                            | potential benefits of attending the program              |                                   |
|                            | confidential and no individual student or                |                                   |
|                            | in the SAYO-Y is voluntary.                              | •                                 |
| By signing below, I give   | e permission to be included in the SAYO-                 | Y survey.                         |
|                            |  |                                   |
| Student Name               | Student Signature  | Date                              |