Family Educational Rights and Privacy Act (FERPA) Consent
Grantee, except for LEAs, shall include Family Educational Rights and Privacy Act (FERPA) consent on the participant enrollment form that is signed and dated by the parent or guardian of the participant. A sample consent is:

	I (parent/guardian name)		oy authorize and
	consent DCPS Office of the	Chief of Staff, Office of the S	tate Superintendent, or
	(name of school		
	to provide information concerning the education of my child, (name of child), to (Grantee Name) and the DC Office of Out of School Time Grants and Youth Outcomes (OST Office). I further authorize the		
	release of educational record	ds of my child for the current	school year to the
	parties listed above that inclu	ude the following information	: education transcripts,
	school/program enrollment in	nformation, universal student	ID, address,
	demographic data, attendan	ce data, credit history, grade:	s, assessment data, IEP
	information, and graduation	attainment (12th grade only).	This authorization and
	release shall remain in effect	t from the date signed throug	h my child's graduation
	from DCPS or a DC public c	harter school.	
	By signing below, 1) I acknowledge and understand that I have the opportunity to review the records to be disclosed and the right to challenge the contents of such		
	records, and 2) I am at least 18 years of age or I am signing this document on		
	behalf of my child because he/she is not 18 years of age.		
	Parent/Guardian Name	Parent/Guardian Signature	 Date
		•	
	of Academic and Youth O		
		ent on participant enrollment	form that is signed and dated
by pare	ent or guardian.		
		(Grantee Name) is fund	ded by the Office of Out
	of School Time Grants and Youth Outcomes (OST Office), a DC Government		
	agency. As a grantee, we are required to share participant information with the		
	OST Office that may be collected on the enrollment form such as full name, date		
	of birth, school name, demographics, and age.		
	In addition, we are required to administer a questionnaire called the Survey of		
	Academic and Youth Outcomes (SAYO-Y). The SAYO-Y is a brief survey with		
	questions about what your child thinks of the program and of the potential		
	benefits of attending the program. All information collected through the SAYO-Y		
	is confidential and no individual child or their individual responses will be		
	identified. Participation in the SAYO-Y is voluntary.		
	By signing below I give permission for (name of child) to		
	be included in the SAYO-Y survey.		
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	Parent/Guardian Name	Parent/Guardian Signature	 Date
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