



of Memphis



seeding success

**Request for Release of Student Records**

Please complete using blue or black ink.

Your student, \_\_\_\_\_, receives education support services from organization(s) that are part of Seeding Success, which has been organized to promote the success and academic achievement of students in Shelby County Schools and the Achievement School District. The Seeding Success partners include the school districts, local schools, health care providers, governmental agencies and community organizations who are working to ensure your student is supported and succeeds academically.

**In order to put programs in place that help students learn more and perform better in school, Seeding Success partners require access to information about students that is connected to their identity including grades, test scores, progress reports, attendance records, discipline records, student ID number, and registration records.** Seeding Success partners may share records, information, or data gathered or learned with school officials such as teachers, principals, and other staff.

The Family Education Rights and Privacy Act (FERPA) protects students and parents by prohibiting most third parties, including the Seeding Success Partners, from accessing student records, information, or data without clear permission from a parent or guardian if the student is under 18.

The purpose for accessing or sharing records, information, or data related to your student is to better provide education support services. Accessing or sharing records, information, or data will be done to promote and support your student's academic success and achievement and to improve services being offered by Seeding Success partners. **No records, information, or data will be used for any other purpose.**

**By signing below, you give written permission to share education records, information, or data about your student from the school district to the Seeding Success partners.** You also give Seeding Success Partners permission to share records, information, and data about your student to other partners and to school district officials.

Records and information from records will not be shared or given to anyone other than Seeding Success partners.

Your permission to share information will last until and unless it is revoked by the parent, guardian or adult 18 years or older who signed it, or if signed by a parent or guardian, at the time the student turns 18. Parents, guardians, and students 18 years or older have the right to revoke this consent and authorization at any time if said individuals do not want records, information, or data shared with a specific organization or institution, or if you believe the sharing of records, information, or data is not in the best interest of your student. You also have the right to obtain copies of any information about your student that is shared because of this form.

I have read the above and give permission to all Seeding Success partners serving my student to have access to the records, information, or data of my student to be used solely for the purposes stated above.

**Parent or Guardian**

Please complete using **blue** or **black** ink.

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Date of Consent (required)

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

\_\_\_\_\_  
Student First and Last Name (print)

\_\_\_\_\_  
Parent/Guardian Email Address (print) (optional)

\_\_\_\_\_  
Student Date of Birth (required)

\_\_\_\_\_  
Student School (print)

\_\_\_\_\_  
If you worked with an Interpreter on this Consent, please print the Interpreter's Name Above

**Adult Student (Complete if you are signing this Consent for yourself as an adult student)**

Please complete using **blue** or **black** ink.

\_\_\_\_\_  
Adult Student First and Last Name (print)

\_\_\_\_\_  
Date of Consent (required)

\_\_\_\_\_  
Adult Student Signature

\_\_\_\_\_  
Adult Student Date of Birth (required)

\_\_\_\_\_  
Adult Student Email Address (print) (optional)

\_\_\_\_\_  
Adult Student School (print)

\_\_\_\_\_  
If you worked with an Interpreter on this Consent, please print the Interpreter's Name Above.

**Please call Seeding Success at 901-507-4190 or email [info@seeding-success.org](mailto:info@seeding-success.org) with questions about this form.**