

Consent to Release of Education Records Under the Family Educational Rights and Privacy Act (FERPA)

As part of the New Haven School Change initiative, your child has been identified as a student who may be able to benefit from the partnership between the New Haven Public Schools and various New Haven community agencies to help improve school attendance and performance, community engagement, and college and career readiness upon graduation from high school. In order to better get to know you and your child and identify the resources that may be appropriate to help, we need to be able to review your child's educational records in a confidential meeting setting, to be attended by the members of the New Haven School Change initiative.

The membership of the New Haven School Change multi-disciplinary team ("the Committee", also known as Youth Stat) will consist of appropriate staff from the New Haven Public Schools, the New Haven School Change initiative (including the City of New Haven, Office of the Mayor), and all or some of the following representative agencies: New Haven Housing Authority, Clifford Beers Clinic, Yale Child Study Center, Integrated Wellness Center, Hill Health Center, Post Traumatic Stress Center, Connecticut Department of Children and Families, New Haven Family Alliance, Connecticut Court Supported Services Division, including Juvenile Probation, Youth Continuum, and other prevention and community agencies. Each of these agencies has been asked to designate appropriate staff to serve on the Committee to review individual student cases and refer students to appropriate community resources on a case-by-case basis. Additional agencies may be added to the Committee over the course of your child's involvement in the initiative. Information from your child's school records will stay with the Committee and will not be used by the individual agencies that make up the membership of the Committee for any purpose unless you give your specific consent for release of your child's records to a specific community agency. Each participating partner will sign an agreement with New Haven Public Schools requiring it to maintain the confidentiality of your child's information in accordance with these requirements.

You will be provided with regular updates on the work of the Committee in regard to your child. Parent involvement is instrumental and we encourage collaboration between the Committee and families. Once the records are no longer needed by the Committee, they will be returned to the New Haven Public Schools, and any duplicates made shall be destroyed.

If community resources are identified as being appropriate to assist you and your child, you will be asked to provide separate consent for the release of records and information needed to make that referral to the outside agency.

CONSENT/AGREEMENT (Please, print clearly, complete all blanks)

I, _____, (Print Parent / Guardian Full Name), consent and provide permission to New Haven Public Schools (“NHPS”) to share personally identifiable information from my child’s education records, including but not limited to academic, attendance and disciplinary history; cumulative records; test scores; coursework and grades; student success plans; health records; special education or Section 504 records; and confidential files including records or information from any school counselor or social worker, with the Committee. I further authorize NHPS to discuss personally identifiable information from my child’s education record with the Committee. In addition, I authorize Committee members to share and discuss the personally identifiable information they have concerning my child’s education record within the Committee and amongst its members. These authorizations shall remain valid until one (1) calendar year after my child graduates from NHPS unless specifically revoked by me.

I understand that providing consent to the sharing of this information is completely voluntary and that my child is not required to participate in the New Haven School Change initiative Committee as a condition of attending the New Haven Public Schools.

Student’s Name: _____

DOB: _____ School: _____ Grade: _____ ID: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

(A parent or guardian must sign if the student named in this consent is under 18 years.)

Student Signature: _____ Date: _____

(A student may sign if the student named in this consent is 18 years or older.)

By signing this consent agreement, I agree that I have read and understood the above and consent to all of the above statements.

Parent/Guardian Name (Printed) _____

Parent/Guardian Address _____

Parent/Guardian Email _____

Parent/Guardian Phone(s) _____

For Youth Stat Agency referral and/or individual delivering signature/Please sign:
