

**GREAT NECK PUBLIC SCHOOLS**  
**345 Lakeville Road**  
**Great Neck, New York 11020**

**STUDENT INFORMATION RELEASE FORM**

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(NAME OF STUDENT)

(DATE OF BIRTH)

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(SCHOOL)

(GRADE)

The Family Educational Rights and Privacy Act ("FERPA") is a federal law that protects the privacy of the education records of students. Complete information regarding FERPA is available at [www.ed.gov/policy/gen/guid/fpc/index.html](http://www.ed.gov/policy/gen/guid/fpc/index.html).

As parent or legal guardian of the above-named student ("Student"), I hereby waive my rights under FERPA, and authorize the Great Neck School District ("District") to discuss and/or disclose all of the Student's education records to the following Authorized Person:

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(NAME OF AUTHORIZED PERSON)

(RELATIONSHIP TO STUDENT)

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(STREET ADDRESS)

(CITY)

(STATE)

(ZIP CODE)

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(TELEPHONE NUMBER)

(EMAIL)

The purpose of this Release is for assistance and advice in all education records for the student. This Release will be in effect as long as the Student is enrolled in the District, or until I revoke this authorization in writing by visiting the Office of the District Registrar (345 Lakeville Road, Great Neck, NY 11020). The District will take any reasonable steps to verify the identity of the Authorized Person each time he or she has contact with a District representative.

I have carefully read the foregoing Release Form, and fully understand the meaning and intent of this document. I affirm that I have signed this authorization voluntarily.

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(NAME OF PARENT/GUARDIAN)

(DATE)

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(SIGNATURE OF PARENT/GUARDIAN)

(DATE)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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NOTARY PUBLIC