



# ST. MARY MAGDALENE CATHOLIC SCHOOL

FORMING THE COMPLETE CHILD THROUGH FAITH, REASON & VIRTUE

## CONSENT FOR RELEASE OF EDUCATION RECORDS AUTHORIZATION FOR USE AND/OR DISCLOSURE OF EDUCATION RECORDS

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records created or maintained by a school that receives federal funds. Completion of this document authorizes the disclosure and use of education records as described below. Completion also authorizes you to discuss this information with representatives of the organization named below entitled to receive said information. In order for a student to be considered for acceptance into SMMCS, this form must be completed and returned to St. Mary Magdalene Catholic School.

### STUDENT INFORMATION:

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade Applying for: \_\_\_\_\_ Current School: \_\_\_\_\_  
Current School's Phone #: \_\_\_\_\_ Address: \_\_\_\_\_  
Current School's Fax #: \_\_\_\_\_ Parent/Legal Guardian Name: \_\_\_\_\_

### USE AND DISCLOSURE INFORMATION:

I, the undersigned, do hereby authorize \_\_\_\_\_  
(name of current educational institution maintaining records)

to disclose and deliver the complete education records maintained under the above student's name including but not limited to the following:

- \* Grades and transcripts
- \* Psychological & Educational testing
- \* Verbal Information
- \* School health records
- \* Special education records
- \* Discipline

The education records described above shall be delivered via fax at 281-446-8537 or mailed to:

St. Mary Magdalene Catholic School / Attention: Director of Admissions  
530 Ferguson Street / Humble / Texas / 77346

### PURPOSE:

This information is to be disclosed and used for the purpose of Admission/Acceptance.

### AUTHORIZATION FOR REDISCLOSURE:

Under federal law, St. Mary Magdalene Catholic School (SMMCS) may not redisclose the information identified above to any other party without your prior consent. If you wish to authorize SMMCS to redisclose the information identified above please mark the circle below:

- I authorize SMMCS to redisclose the educational information described above and I understand that if the information is redisclosed it may not be protected by federal privileges, privacy laws or regulations.

### APPROVAL:

My authorization for the use, disclosure and/or redisclosure of the information identified above is voluntary. I understand that the information to be disclosed or redisclosed may include individually identifiable health information. I understand that, upon my request, I am entitled to a signed copy of this authorization form and the records to be disclosed. A copy of this release shall be sufficient to authorize release of information identified above as the original signed by me.

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

Date: \_\_\_\_\_