



WASHINGTON STATE

# Office of the Education Ombudsman

[www.waparentslearn.org](http://www.waparentslearn.org)

## Permission to Release Student Records

Today's date \_\_\_\_\_

Name of School \_\_\_\_\_ School District \_\_\_\_\_

Student's name \_\_\_\_\_

Student's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

I give consent to the disclosure of the following educational records of the above mentioned student to the Office of the Education Ombudsman:

- ☐ Academic progress reports, including grade reports and standardized test results
- ☐ Attendance and truancy reports, documents and referrals to services or court
- ☐ Disciplinary reports, including referrals and notices of suspension and expulsion
- ☐ Documentation, correspondence and emails regarding consideration for special services.
- ☐ Current evaluations, plans (IEP and 504) and transition planning documents.
- ☐ Other
- ☐ All records

My consent is made pursuant to the federal Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99).

My Name is \_\_\_\_\_

My Address is \_\_\_\_\_

My Relationship to the student is: ☐ Mother ☐ Father ☐ Legal Guardian ☐ Foster Parent  
☐ I am the student and I am 18 years of age or older.

\_\_\_\_\_  
Signature

**Office of the Education Ombudsman – Governor's Office**

155 NE 100<sup>th</sup> Street, Office 210 Seattle, WA 98125-8012  
Phone 1-866-297-2597 Fax 206-729-3251