



WASHOE COUNTY SCHOOL DISTRICT INFINITE CAMPUS PARENT PORTAL FERPA CONSENT FORM

I consent to the disclosure of the following educational records of my child through access of Infinite Campus Parent Portal (ICPP). I understand that the following educational records will be available to be viewed through ICPP. I am giving permission (consent) for access to my child's information. This information will be provided to the person(s) named below.

Student Information:
(Please print)

Last Name	First Name	Middle Name	Date of Birth
-----------	------------	-------------	---------------

All of the following educational records are approved for release:

District Notices	Assignments	Transcripts	Health (Immunization)
School Notices	Schedule	Assessment	To Do List
Reports	Teacher Messages	Attendance	Behavior
Calendar	Family (Such as telephone, e-mail, and relationships)		

Name of individual parent/guardian you wish to provide access to ICPP:

Print Name	Address
------------	---------

Print Name	Address
------------	---------

Parent/Guardian (Print name)	Parent/Guardian (Signature)
------------------------------	-----------------------------

Date

Written consent of parents is usually required for the release of personally identifiable records or other information protected by the Family Education and Privacy Act to agencies or individuals. Agencies or individuals may not share information with any other party without the written consent of the parents unless entitled to do so under FERPA 99.33.

You may revoke this authorization at any time. Unless revoked earlier, this consent will remain in effect until June 30 of the current school year.

Note: The party receiving the educational records is hereby notified of the following:

- (1) The educational records are to be used only for the described purpose;
- (2) The educational records may not be re-disclosed without written consent of the parent, guardian, or eligible student.

Washoe County School District Office Use Only:

Records/Information provided on _____	to	_____
Date		Name of Individual/Department
Signature of Designated Staff Person Fulfilling Request _____	Date _____	