



Community Based Organization Educational Record Release Form

2024-2025 School Year

Seattle Public Schools is committed to making its online information accessible and usable to all people, regardless of ability or technology. Meeting web accessibility guidelines and standards is an ongoing process that we are consistently working to improve.

While Seattle Public Schools endeavors to only post documents optimized for accessibility, due to the nature and complexity of some documents, an accessible version of the document may not be available. In these limited circumstances, the District will provide equally effective alternate access.

For questions and more information about this document, please contact the following:

Lisa Davidson
Manager, Prevention and Intervention
lm Davidson@seattleschools.org

Release of information form for student educational records.

Community Based Organization Education Records Release Form 2024-2025 School Year



CBO Name: _____

CBO Contact Person: _____

CBO Email/Phone: _____

I consent to the release of my child's education records from the Seattle School District to the above listed organization.

I agree to the release of the following education records:

- ☐ **Directory Information**
Name, DOB, School, Grade, Home Address, Telephone, Email, Photo, Extracurricular Participation, Enrollment History
- ☐ **Student Demographics**
Special Education Status, 504 Status, Race/Ethnicity
- ☐ **Attendance History**
- ☐ **Discipline History**
- ☐ **Coursework and Grade History**
- ☐ **Test Scores**
- ☐ **Upcoming and Missed Assignments**
- ☐ **School Health Records**
Immunization Record, Individual Health Plan, Emergency Care Plan, Vision and Hearing Screening Records
- ☐ **Individualized Education Program (IEP)**
- ☐ **504 Plan**

I understand that the purpose of sharing these records is to provide information helpful to supporting my child's education. This release will make the above-listed education records available to the organization from the date of my signature until August 31, 2025. I further understand that I may revoke my consent to release by providing a written revocation to the Seattle School District.

Student Name

Student ID#

Parent/Guardian Signature

Parent/Guardian Name

Date