

Community Based Organization Education Records Release Form 2026-2027 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, 2027. 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