



## Student Data Authorization Form

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

BPS ID (900 Number): \_\_\_\_\_

I consent to the University at Buffalo Liberty Partnerships Program to be able to obtain the following student data from the Buffalo Public Schools:

**Please check all the data that you want provided:**

- Attendance Records
- Report Cards
- Student Transcripts

By signing below, I am stating that:

I hereby authorize the disclosure of educational information between organization(s) or name of person(s) listed above and Buffalo Public Schools in accordance with the Family Educational Rights and Privacy Act (FERPA). The purpose of this disclosure is to advance the education of my child.

I understand that the information disclosed will be provided to the organization(s) or name of person(s) listed above.

I understand that I have the right to revoke and/or restrict this authorization at any time without penalty, provided that I submit a request in writing to the Assistant Superintendent of the Office of Shared Accountability. Any revocation shall not apply to the extent the Buffalo Public Schools has already taken action in reliance on this authorization.

I authorize the periodic, on-going disclosure of the above information. This authorization expires on August 31, 2017.

***Please be sure to date this form in order to process***

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

\_\_\_\_\_  
Date