FERPA Consent to Release Student Information

**Purpose**

[Name(s) of researcher(s)] at Utah State University are conducting a research project on [state the purpose of the research]. In this project, the researcher[s] will need to access education records housed with [your/your child’s] school. These records will only be accessed by [please state either the specific person/people or the class of people who will access this information], and will be used to [state the purpose of the use (e.g. determine whether your child is eligible for participation in the broader study, explore the research question stated above, etc.)].

If you agree to the release of [your/your child’s] education records, you will have an opportunity to sign at the end of this document.

**Identification of Records**

The specific education records that the research team needs in order to complete the research is as follows:

[modify this list as appropriate. You **must** specify each education record that you will access, use, or that you need to be disclosed to you for the project. If it is not on this list, you cannot access it!]

* Grade Point Average
* Disciplinary records
* Grades for [identify the class]
* Excerpts from [identify assignment]

The research team will receive the records [orally, over the phone, via in-person review, over email, via secure file transfer, etc.].

**Storage & Disposition**

Once the research team has retrieved the necessary education records from [custodian of records, e.g. Canvas, XYZ School District, Utah State University, etc.], they will be stored [describe secure storage method]. Next, [please describe your plans for working with the data. Some people may wish to aggregate and either completely de-identify, or create a coded identification key]. Once [the research is complete/the identifying information has been removed/screening is complete/whatever marks the end of your use of the data], the research team will [state your disposal techniques – some education entities require the return of the data, others request secure destruction, etc.].

**Consent to Release**

By signing below, you agree that you understand the which education information may be released to the research team. You may revoke this Consent upon providing written notice to [Name of researcher overseeing the transfer and storage of educational records] any time before the records have been [accessed (for screening only)/de-identified/destroyed]. You understand that until this revocation is made, this consent shall remain in effect and [your/your child’s] educational records will continue to be provided to [PI Name] for the specific purpose described above.

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[Eligible Student] Signature [Parent or Eligible Student] Name, Printed Date

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Student Identification Number [Optional Additional Information Collection]