

**Family Educational Rights and Privacy Act (FERPA) Consent**

Grantee, except for LEAs, shall include Family Educational Rights and Privacy Act (FERPA) consent on the participant enrollment form that is signed and dated by the parent or guardian of the participant. A sample consent is:

I (parent/guardian name) \_\_\_\_\_ hereby authorize and consent DCPS Office of the Chief of Staff, Office of the State Superintendent, or \_\_\_\_\_ (name of school) to provide information concerning the education of my child, \_\_\_\_\_ (name of child), to \_\_\_\_\_ (Grantee Name) and the DC Office of Out of School Time Grants and Youth Outcomes (OST Office). I further authorize the release of educational records of my child for the current school year to the parties listed above that include the following information: education transcripts, school/program enrollment information, universal student ID, address, demographic data, attendance data, credit history, grades, assessment data, IEP information, and graduation attainment (12th grade only). This authorization and release shall remain in effect from the date signed through my child's graduation from DCPS or a DC public charter school.

By signing below, 1) I acknowledge and understand that I have the opportunity to review the records to be disclosed and the right to challenge the contents of such records, and 2) I am at least 18 years of age or I am signing this document on behalf of my child because he/she is not 18 years of age.

Sign Here \_\_\_\_\_ Date: \_\_\_\_\_

**Survey of Academic and Youth Outcomes-Youth Survey (SAYO-Y) Consent** Grantee shall include SAYO-Y consent on participant enrollment form that is signed and dated by parent or guardian.

\_\_\_\_\_ (Grantee Name) is funded by the Office of Out of School Time Grants and Youth Outcomes (OST Office), a DC Government agency. As a grantee, we are required to share participant information with the OST Office that may be collected on the enrollment form such as full name, date of birth, school name, demographics, and age.

In addition, we are required to administer a questionnaire called the Survey of Academic and Youth Outcomes (SAYO-Y). The SAYO-Y is a brief survey with questions about what your child thinks of the program and of the potential benefits of attending the program. All information collected through the SAYO-Y is confidential and no individual child or their individual responses will be identified. Participation in the SAYO-Y is voluntary.

By signing below I give permission for \_\_\_\_\_ (name of child) to be included in the SAYO-Y survey.

Sign Here \_\_\_\_\_ Date: \_\_\_\_\_