





## Educational Records Release

I agree to allow Community College of Philadelphia to disclose information contained in my son's/daughter's records which will include, but is not limited to information on attendance, participation, behavior, grades, test scores, and placement test scores to appropriate officials at his/her home high school.

I understand that under the Family Educational Rights and Privacy Act (FERPA), Community College of Philadelphia is required to obtain my consent before releasing any information and my signature below indicates my consent.

I understand that under certain conditions outlined in FERPA, Community College of Philadelphia is able to disclose "directory" information, such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance, without my consent to school officials with legitimate educational interests.

Name \_\_\_\_\_  
Parent/Guardian (Print Name)

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_  
Student (Print Name)

Signature \_\_\_\_\_

Date \_\_\_\_\_