**FERPA and COVID-19 Template**

Name of Student (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I, the parent or legal guardian of the student whose name appears above, hereby authorize staff members of [School Name] to notify staff at [School Name] in the event the student whose name appears above test positive for COVID-19 as the student whose name appears above has a sibling or other close contact attending [School Name].

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF FERPA AND OTHER APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS, WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.