

# RELEASE OF INFORMATION/SIGNATURE FORM

PERMISSION SLIP FOR INTER-AGENCY INFORMATION SHARING  
APPLICABLE TO THE FOLLOWING AGENCIES FOR THE 2019-2020 SCHOLASTIC YEAR

## A.P.P.L.E. AND ANDALUSIA CITY SCHOOLS

Parent or Guardian Name: \_\_\_\_\_

List the name of your child(ren) and his/her grade level below:

Name	Grade	Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

UNDERSTANDING OF FERPA AND SHARING OF INFORMATION (PLEASE CHECK EACH BOX TO INDICATE UNDERSTANDING):

- I have been informed of my rights as a parent/guardian under the *Family Educational Rights and Privacy Act (FERPA)*.
- I understand the difference between *Directory Information* and *Personally Identifiable Information* (Universal Screening Results for my child/children, report card, attendance, and my child's discipline information) requested by the administration of A.P.P.L.E. program from the administrator(s) of Andalusia City Schools.

AGREEMENT TO SHARE THE FOLLOWING INFORMATION (CHECK EACH BOX IF APPLICABLE):

- I agree to share *Directory Information* as it pertains to my child(ren)
- I agree to share *Personally Identifiable Information* as it pertains to my child(ren)

OPT OUT INFORMATION (CHECK EACH BOX IF APPLICABLE):

- I opt out of sharing *Directory Information* as it pertains to my child(ren)
- I opt out of sharing *Personally Identifiable Information* as it pertains to my child(ren)

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A.P.P.L.E. Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

ACS Administrator: \_\_\_\_\_

Date: \_\_\_\_\_