



155 NE 100th St. - Suite 210
Seattle, WA 98125-8012
Toll-free: 1-866-297-2597

www.oeo.wa.gov
Email: oeoinfo@gov.wa.gov
Fax: 206-729-3251

Permission to Release Student Records

Today's date _____

Name of School _____ School District _____

Student's name _____

Student's Date of Birth ____/____/____ Grade _____

I give consent to the disclosure of the following educational records of the above mentioned student to the Office of the Education Ombudsman:

- Academic progress reports, including grade reports and standardized test results
- Attendance and truancy reports, documents and referrals to services or court
- Disciplinary reports, including referrals and notices of suspension and expulsion
- Documentation, correspondence and emails regarding consideration for special services.
- Current evaluations, plans (IEP and 504) and transition planning documents.
- Other
- All records

My consent is made pursuant to the federal Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99).

My Name is _____

My Address is _____

My Relationship to the student is: Mother Father Legal Guardian Foster Parent
 I am the student and I am 18 years of age or older.

Signature

Governor's Office of the Education Ombuds
155 NE 100th Street, Office 210 Seattle, WA 98125-8012
Phone 1-866-297-2597 Fax 206-729-3251