



CONSENT TO EXCHANGE CONFIDENTIAL STUDENT INFORMATION

The purpose of this form is for parents, guardians, or emancipated students to authorize Fairfax County Public Schools (FCPS) staff to exchange (written, verbal, or both) confidential information with individuals or agencies designated on this form. To provide consent for exchange of educational records, please see form SS/SE-79.

Student	ID Number	DOB	Date
Parent/Legal Guardian Name	Parent/Legal Guardian Name	School	Grade

CHECK ONE:

- I am the parent/guardian of the above named student, a non-emancipated student under the age of 18. I hereby consent to the exchange of confidential student information* relating to this student between FCPS and the individuals or agencies named below.
- I am the parent/guardian of the above named student, for whom I have educational decision making rights. I hereby consent to the exchange of confidential student information* relating to this student between FCPS and the individuals or agencies named below.
- I am an emancipated student under the age of 18. I hereby consent to the exchange of confidential student information* between FCPS and the individuals or agencies named below.
- I am a student over the age of 18. I hereby consent to the exchange of confidential information* between FCPS and the individuals or agencies named below.

* **CHECK ALL THAT APPLY:** Written Verbal

Name of Agency/Individual	Contact Information	Relationship to Student
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PURPOSE OF EXCHANGE: If consent is being given to exchange this information for a particular purpose, please describe

TIME LIMIT: If consent is being given to exchange this information during a particular period of time, please write the beginning date and ending date of consent.

Beginning Date	Ending Date
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CONSENT:
I GIVE CONSENT

Parent/Guardian Signature	Date
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