

Name of Student: _____ Current TCA Campus: _____

Written Consent for Disclosure of Educational Information to Third Party

I, _____ (parent/guardian's name) am the parent/guardian of _____ (student's name and DOB). I hereby give my permission for The Classical Academy and any of its staff members to provide personally identifiable information from my child's education records to _____ (name of third party and relationship to child). This permission shall be valid until I revoke this permission in writing. I acknowledge that if my child's other parent or guardian objects to the disclosure of personally identifiable information from my child's education records, then the school will not be able to honor my request.

(Signature of Parent/Guardian)

(date)

.....
Certificate of Acknowledgement

State of _____

County of _____

This instrument was acknowledged before me on _____,
(date)

by, _____
(printed name of signer)

WITNESS my hand and official seal

(Signature of Notary Public)

My Commission Expires: _____