



**Disclosure of Information Protected by the Family Educational Rights and Privacy Act by Our Mother of Sorrows to the local County Health Department**

Pursuant to the Family Educational Rights and Privacy Act (FERPA), the written consent of a parent or guardian is required before the education records of a minor student, or personally identifiable information contained therein, may be disclosed to a third party, unless an exception to this general requirement of written consent applies.

I, \_\_\_\_\_, hereby agree to allow Our Mother of Sorrows to disclose the following personally identifiable information or education records:

[please check all that apply]

- Name
- Contact Information
- COVID-19 Diagnosis

on \_\_\_\_\_ [Name of student] to the local County Health Department for the purpose of protecting the health and safety of those possibly affected by COVID-19 for the school year 2020/2021.

You may withdraw your consent to share this information at any time. A request to withdraw your consent should be submitted in writing and signed. However, an emergency exception such as a pandemic may still require the school to release personal identifiable information per government law mandate.

\_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_

For Office Use: Record log of release of PII for the above-mentioned student

DATE	PARTY RECEIVING PII	PARENT/GUARDIAN NOTIFIED	SCHOOL PERSONNEL SIGNATURE

