Student Release of Confidential Information

ALBUQUERQUE PUBLIC SCHOOLS
Suite 460 W City Center, 6400 Uptown Blvd., N.E.
Albuquerque, NM 87110

Parent Authorization Form for Release of Student Information

This Parent authorization form gives the Albuquerque Public Schools permission to release student information to the TOHAJIILEE CHAPTER for the sole purpose of providing additional support for student’s academic achievement and success. Pursuant to the Family Educational rights and Privacy Act (U.S. Code – 20 USC 1232), student records may be disclosed to a person other than parents, guardians, or the student, only if the school district has written consent from the parents. Thus, the school district must have parent permission for the TOHAJIILEE CHAPTER to work with students in the Albuquerque Public Schools in the following ways:

• To get report cards, attendance reports, progress reports and in school suspension reports, so that the TOHAJIILEE CHAPTER can use the information to guide, support, and encourage students in attendance, behavior, citizenship, social and academics;
• To contact parents for educational meetings on behalf of their student with principals, counselors, and teachers;
• To visit classrooms to observe student behavior, learning, and student-teacher relationships;
• To contact parents when information on attendance, behavior, citizenship, social and academic status is being provided to other Pueblo Community Service Providers. This information will be provided to address student concerns.

Note: All Pueblo Education Departments and Navajo Communities will follow Mandatory Reporting Laws plus Federal and State Statutes for the protection of the child.

- All information regarding students is confidential –

Name of Student: ___________________________ School: ______________________
Name of Tribe / Pueblo: ___________________________

Please check mark in the appropriate box.

☐ I have read and understood the contents of this document and agree to give permission to APS to release information pertaining to my child’s education records for the above named organization / office to work with my child and myself.

☐ I have read and understood the contents of this document and choose to NOT give permission to APS to release information from my child’s education records. I understand the denial may prevent my Pueblo / Navajo Chapter from providing services as listed above.

_____________________________  __________________________
Parent / Guardian Signature                         Date

-Return form to your child’s school or to the APS Indian Education Department

The Albuquerque Public Schools (Board of Education Policy) shall make every effort to comply with the Family Educational Rights and Privacy Act and to keep student records confidential.