

Please fill out both sides of this form.



Asheville-Buncombe Education Coalition
Box 1265 Asheville, NC 28802
Phone: 828-236-1228 – Fax: 828-236-2066

EDUCATION COALITION PERMISSION FORM
FOR PARTICIPATION AND RELEASE OF RECORDS

My signature below indicates my understanding and agreement that my child has been identified as an Education Coalition student. This means that he/she is eligible to receive support services that may include mentoring, tutoring, or homework assistance. These services may be provided by Education Coalition volunteers who are employees of the school system, or trained community volunteers who have been screened by an Education Coalition member agency. Services may occur during the regular school day, or in an after school program in which my child is enrolled.

I understand that I will be invited by the Education Coalition to participate in activities to support my child's success in school.

I hereby consent to the release of certain personally identifiable information from my child's education records by (choose one):

_____ Asheville City Schools

_____ Buncombe County Schools

to the Education Coalition for the purpose for providing the above-referenced services and for monitoring the success of the programs provided. **The records that may be released are the following (check all that apply):**

----- **EOG/EOC Test Scores** ----- **Reading Level or Profile**

----- **Attendance** ----- **Grades/GPA**

----- **Check here if you want to be provided a copy of the records released.**

I understand that the above-referenced school system may also disclose directory information about my child, without my consent, if I have not notified my child's school otherwise.

I understand that the Education Coalition will not release my child's education records to any third party, without my written consent. I consent, however, to the Education Coalition releasing

certain information to the member agency providing services to my child, the Education Coalition Board Members, Education Coalition Funding agencies and to an outside evaluator for the purpose of measuring the instructional effectiveness of the above-mentioned services but with the understanding that this information will **not identify my child individually**.

I understand that this consent will remain valid until my child is no longer enrolled in the Asheville City Schools/Buncombe County Schools or I withdraw this consent in writing.

I hereby represent that the information in this Permission Form has been explained to me and that I have signed this Permission Form of my own free will.

Name of Child: _____

Date of Birth: _____

Address: _____

Phone Numbers: _____

School: _____ Current Grade Level: _____

The following information is optional. However this information is critical in analyzing data related to the performance of this program.

Gender _____ Race _____

Participation in Free/Reduced Lunch: yes _____ no _____

Parent (Guardian) Signature

Date

Printed Name Parent (Guardian)

Witnessed by: _____

Date

Return this form in the envelope provided.