Indiana University High School
Permission to Release Information

Student’s FULL LEGAL NAME
Last
First
Middle

THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA):

Under the Family Education Rights and Privacy Act,

1. If you are taking a high school course and you are 17 years old or younger, your parents or legal guardians hold the rights to authorize the Indiana University High School to release your student records to third parties. In other words, your parents hold the FERPA rights for that course.

2. If you are taking a high school course and you are 18 or older, you hold the FERPA rights for that course, and we may not release your records to your parents without your written permission.

3. If you were 17 years old or younger at the time of enrollment and turn 18 while still enrolled in a high school course, you assume the FERPA rights for the course, and we may not release your records to your parents without your written permission.

4. If you register for an undergraduate Indiana University course, you hold the FERPA rights for that course, even if you are 17 or younger, and we may not release your records for that course to your parents without your written permission. Please fill out the undergraduate course registration form and undergraduate permission to release information form for any undergraduate courses.

5. If you are under 17 and register for both an undergraduate course and a high school course, you hold the FERPA rights for the undergraduate course, and your parents hold the FERPA rights for the high school course.

If you are 18 years old or older, please sign the line directly below to indicate that you have read and understand the FERPA regulations above. If you are 17 years old or younger, both you and your parents/legal guardians must sign. If you have questions, call 800.334.1011 before signing.

Student Signature

Parent/Guardian Signature (if student is 17 or younger)

FOR STUDENTS 18 YEARS OF AGE OR OLDER

We strongly recommend that you give the Indiana University High School permission to release information to the individuals/entities below. This enables the school to more efficiently manage your enrollment. Please provide the names of all individuals to whom the school may release information about your course progress.

Permission to release information about course progress is given to (please provide full name):

Parent(s)/Guardian(s)______________________________

Stepparents______________________________

Spouse______________________________

High School Counselor/Principal______________________________

Other (common examples: state funding agency, adult mentor, friend, sibling or other family member)______________________________

I understand that this authorization will remain in effect until revoked in writing:

Student Signature
Date (mm/dd/yy)

Thanks for the info! Please continue.
FOR PARENTS OF STUDENTS 17 YEARS OF AGE OR YOUNGER

We strongly recommend that you give the Indiana University High School permission to release information to the individuals/entities below. This enables the school to more efficiently manage your child's enrollment. Please provide the names of all individuals to whom the school may release information about your child's course progress.

Permission to release information about course progress is given to (please provide full name):

Stepparent(s) ____________________________________________________________

High School Counselor/Principal _____________________________________________

Other (common examples: state funding agency, adult mentor, friend, sibling or other family member) __________________________________________________________

Important: Unless there is a court order to the contrary, FERPA does not allow the Indiana University High School to refuse to provide information to either parent, irrespective of which parent is custodial or is providing financial support.

I understand that this authorization will remain in effect until revoked in writing:

__________________________________________________  __________________________________________________

Name of Parent/Guardian (Please print.) Parent/Guardian Signature

PERMISSION TO RELEASE ACADEMIC PROGRESS/TRANSCRIPT

If you attend classes at a local high school and want Indiana University High School to report your academic progress—including your final grade—to that high school, you must provide that school's ETS code. __________________________

I understand that this authorization will remain in effect until revoked in writing:

__________________________________________________  __________________________________________________

Student Signature Parent/Guardian Signature (if student is 17 or younger)

Thanks for the info! Please be sure you have completed both pages of this form.

MAIL, EMAIL, OR FAX THIS FORM TO
Indiana University High School, 750 E. Kirkwood Ave., Maxwell Hall, Room 030, Bloomington, IN 47405
Fax 812.856.5427   Email askiuhs@indiana.edu

KNC0812