

**CITY OF PHILADELPHIA
DEPARTMENT OF HUMAN SERVICES**

**PARENTAL/GUARDIAN CONSENT TO DISCLOSE
EDUCATIONAL AND DHS INFORMATION**

Student: _____

Student ID #: _____

I am a parent or guardian of the student (the "Student") named above. As permitted by applicable law, including but not limited to the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and 34 C.F.R. Part 99 ("FERPA"), I consent and authorize The School District of Philadelphia or the _____ School (the "School ") to release to the Department of Human Services of the City of Philadelphia ("DHS") the Student's entire educational record, including confidential records of the School, concerning the Student, in connection with certain truancy, dependency and other DHS matters involving the Student.

Accordingly:

(1) The School may disclose to DHS the Student's entire educational record, including without limitation, the complete Individualized Education Program ("IEP") and the complete disciplinary record;

(2) I consent to disclosure of student information to DHS in order to assist DHS in determining the educational needs of the Student;

(3) The School may disclose these records only to DHS, and DHS may share this information only with its staff, contracted providers under DHS's control who provide services to the Student if the DHS worker believes that such information is necessary for the service provider to carry out its responsibilities to meet the needs of the child, the Student's foster parent, the Court involved in the Student's case (if applicable), and any other person legally entitled to review the DHS case file; and

I understand that upon my request, the School shall provide me with a copy of the records disclosed. DHS shall keep all such information, and any other information I may provide concerning the Student, confidential to the fullest extent provided by applicable law, including FERPA. DHS must obtain my prior written consent before releasing any information concerning the Student to anyone other than those enumerated above, except that I hereby consent to the release and delivery by DHS to the School of information concerning the Student's educational program.

I further authorize DHS to share with the School my child's name, DHS case number, DHS worker and supervisor(s), provider agency, and if applicable, placement and discharge date, placement location, court dates, status of parent's educational rights, and other information as necessary for the School to assist in the provision of services to the child.

I HEREBY CERTIFY THAT I MAKE THIS CONSENT VOLUNTARILY AND THAT I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENT. I HAVE HAD THE OPPORTUNITY TO DISCUSS ANY OF MY QUESTIONS OR CONCERNS ABOUT THE DOCUMENT AND ITS CONTENTS WITH DHS STAFF. I MAY REQUEST A COPY OF THIS DOCUMENT.

Parent or Guardian:

Signature

Date: _____

Print Name