



## SPECIAL RELEASE OF STUDENT INFORMATION CONSENT FORM

The collection and maintenance of a student's personally identifiable information requires special care to ensure the privacy rights of students and compliance with legal requirements governing these records, including the Family Educational Rights and Privacy Act (FERPA) and LRS 17:3914. The St. Tammany Parish School Board will maintain student records and personally identifiable information as confidential and will use reasonable commercially available steps to maintain as such. St. Tammany Parish School Board will follow all local, state and federal data security laws and policies and only share the data that is required for the purpose stated.

Your student has elected to participate in a dually enrolled college course through Northshore Technical Community College. One of the requirements for this class is that student information will be used and/or released as part of their participation. Since this is a requirement for this class, if you elect not to have your child's information used or released, then your child's schedule will be changed to remove this class. The following information about your student will be used and/or released:

- Student's full name, mailing address, city, state, ZIP, home phone, cell phone, email
- Student gender, date of birth, Social Security number, ethnicity/race (optional)
- Student high school, grade level, GPA, state assigned student ID number, ACT/PLAN score
- IEP/IAP/ADA Accommodations (if applicable)

The information will be shared with the following entities:

- Northshore Technical Community College
- Louisiana Board of Regents
- Louisiana Community and Technical College System
- Louisiana Office of Student Financial Assistance

I HEREBY CONSENT to the release and use by St. Tammany Parish School Board of my child's personally identifiable information to any person or entity providing services to St. Tammany Parish School Board for this class and who requires my child's personally identifiable information in order to perform those services.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Name

STPPS adheres to the equal opportunity provisions of federal and civil rights laws and does not discriminate on the basis of race, color, national origin, religion, age, sex, sexual orientation, marital status, or disability.