



**COUNCIL BLUFFS SCHOOLS & IOWA WESTERN COMMUNITY COLLEGE
EARLY COLLEGE ACADEMY**

Consent to Release of Information and Student Records

Student Name: _____ Birthdate: _____

Student ID _____

Schools attended and dates of attendance: _____

Consent to release student information:

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA) and to facilitate an open working relationship among students, parents, the sponsoring school district, and administrators, faculty and staff of the Early College Academy, we, the undersigned student and parent, give (name of school/agency) _____ permission to release student educational records as specified below.

I/we give permission for the following educational records to be released:

All academic/transcript records (transcripts, enrollment and schedule, testing/assessment data)

Instructor/classroom records (attendance, progress reports, final grades)

Student account records (tuition and fees, financial aid and scholarship information, fines, etc.)

Any IEP, 504 or medical documents _____

The persons and entities to receive the information specified above are listed below:

**Dr. Spencer Mathews
Coordinator of Early College Academy
Council Bluffs Community Schools
300 West Broadway, Suite 1600
Council Bluffs, IA 51503
Phone: (712) 325-3475
Email: smathews@cbcisd.org**

Signature of Student _____ Date _____

Signature of Parent(s)/Guardian _____ Date _____