



## Student Data Authorization Form

The University at Buffalo Liberty Partnerships Program requests your permission to obtain the following student data from the Buffalo Public Schools:

- Attendance Records
- Report Cards
- Student Transcripts
- Standardized Test Score Reports

Student Name: _____	Date of Birth: _____
Student ID #: _____	School: _____
Grade: _____	
Ethnicity: <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian	
<input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____	
Covid Vaccination Status: <input type="checkbox"/> Vaccinated <input type="checkbox"/> Not Vaccinated <input type="checkbox"/> Prefer not to say	

By signing below, I am stating that:

I hereby authorize the disclosure of educational information between organization(s) or name of person(s) listed above and Buffalo Public Schools in accordance with the Family Educational Rights and Privacy Act (FERPA). The purpose of this disclosure is to advance the education of my child.

I understand that the information disclosed will be provided to the organization(s) or name of person(s) listed above.

I understand that I have the right to revoke and/or restrict this authorization at any time without penalty, provided that I submit a request in writing to the Assistant Superintendent of the Office of Shared Accountability. Any revocation shall not apply to the extent the Buffalo Public Schools has already taken action in reliance on this authorization.

I authorize the periodic, on-going disclosure of the above information. This authorization expires on August 31, 2027.

***Please be sure to date this form in order to process***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date