



**Authorization for Release of Education Records  
to the Office of the Ombudsman for Public Education**

I am the parent or guardian of \_\_\_\_\_  
(Student's name and date of birth)

and I hereby give consent to the appropriate official at

\_\_\_\_\_  
(School Name)

to release my children's records to the Office of the Ombudsman for Public Education, 441 4<sup>th</sup> St, NW, Suite 723N, Washington, DC (phone – 202-741-0886; fax – 202-741-0879).

The purpose of the disclosure is to allow the Ombudsman to assist me.

By signing below, I authorize release of the following records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Describe which records are to be released)

By signing below, I acknowledge and understand that 1) I have the right to review the records to be disclosed and the right to challenge the contents of the records; 2) I am 18 or older; and 3) I am signing this document on behalf of my child because my child is not yet 18 years of age.

I understand that the Office of the Ombudsman for Public Education will not redisclose my child's education records without my written consent.

This release is effective for one year from the date of signing and can be revoked in writing at any time.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Parent/Guardian Phone Number)

\_\_\_\_\_  
(Parent/Guardian Name)