

WASHOE COUNTY SCHOOL DISTRICT INFINITE CAMPUS PARENT PORTAL FERPA CONSENT FORM

I consent to the disclosure of the following educational records of my child through access of Infinite Campus Parent Portal (ICPP). I understand that the following educational records will be available to be viewed through ICPP. I am giving permission (consent) for access to my child's information. This information will be provided to the person(s) named below.

Student Information: (Please print)			
Last Name	First Name	Middle Name	Date of Birth
All of the following educati	onal records are approv	ved for release:	
District Notices	Assignments	3	Health(Immunization)
School Notes	Schedule		Assessment
To Do List	Reports		Teacher Messages
Calendar			
Name of individual parent/s	guardian you wish to pr		PP:
Print Name		Address	
Print Name	Address		
Parent/Guardian (Print name)	e) Parent/Guardian (Signature)		
Date			

Written consent of parents is usually required for the release of personally identifiable records or other information protected by the Family Education and Privacy Act to agencies or individuals. Agencies or individuals may not share information with any other party without the written consent of the parents unless entitled to do so under FERPA 99.33.

You may revoke this authorization at any time. Unless revoked earlier, this consent will remain in effect until June 30 of the currentschool year.

Note: The party receiving the educational records is hereby notified of the following:

- (1) The educational records are to be used only for the described purpose;
- (2) The educational records may not be re-disclosed without written consent of the parent, guardian, or eligible student.

This permission is for Infinite Campus Parent Portal access only. All additional records request must be made through https://washoeschoolsnv.scriborder.com/

Rev. 1/2019

All Forms exiting prior to 2019 are void and will not be accepted.