**Authorization for Release of Confidential Student Information**

**Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The San Francisco Department of Children, Youth, and Their Families (DCYF) funds our agency and the services we provide. To fulfill the requirements of this funding, we share information about the participants in our services with DCYF. DCYF and the San Francisco Unified School District (SFUSD) maintain a shared, secure database to record information about services provided to San Francisco youth by DCYF’s grantees in order to facilitate outreach and enrollment and track program use and impact. As a DCYF grantee, our agency has access to the shared database to both see and report data about the youth we serve. The data that we report to DCYF is also shared with SFUSD.

By signing this form, you authorize

1. Our agency to share information about your child’s participation in our program (or your participation, if you are 18 years of age or older) with authorized staff at DCYF and SFUSD for the purposes described above. The information that our agency reports to DCYF includes:
	* Person information, such as name, date of birth, and address:
	* Demographic information, such as race/ethnicity and gender identity;
	* Education information, such as school name and grade level;
	* Participation in activities and services, such as dates of attendance dates and hours attended; and
	* Anonymous and voluntary youth experience surveys.
2. SFUSD to share certain information about your child (or you, if you are 18 years of age or older) with authorized staff from our program as a DCYF grantee. The information that SFUSD reports to DCYF includes:
* Personal information, such as name, date of birth, and address;
* Education information, such as school name and grade level; and
* Dates of attendance in SFUSD or an SFUSD school.

DCYF, SFUSD, or our agency will not publicly report any information that we provide in a way that may be used to identify your child (or you, if you are 18 years of age or older).

**Restrictions:** All information that we provide or access that is related to an SFUSD student is protected by federal and state laws that govern the use, disclosure and re-disclosure of student education records. Parties other than DCYF, SFUSD and our agency will not have access to any personally identifiable information that is reported into the database, except to the extent that the parties have obtained prior written authorization from you or have followed SFUSD policies and procedures to obtain access to such information.

**Expiration:** This authorization expires on June 30, 2024.

**Your Rights:** You may refuse to sign this form. You may cancel it at any time by information our agency in writing. If you cancel your permission allowing us to release information to DCYF and SFUSD, and SFUSD to our agency, it will go into effect immediately, unless the information has already been released. You have a right to receive a copy of this form.

**Your Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to Participant:** 🞎 Parent 🞎 Legal Guardian 🞎 Participant 18 Years of Age or Older

**Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_