



Community Academy of Philadelphia
a Pennsylvania Charter School

1100 East Erie Avenue
Philadelphia, PA 19124
AFTER SCHOOL PROGRAM
T «Phone»
F 215.533.6722

www.communityacademy.org

Note: This permission expires June 11, 2010 or on the student's last day of attendance at the After School Program, whichever comes first.

PARENTAL AUTHORIZATION FOR RELEASE OF RECORDS
TELEPHONICALLY OR IN PERSON

(THIS FORM MUST BE COMPLETED IN FULL; CAPCS FORM CAP FERPA 01 MUST ALSO BE COMPLETED AND ATTACHED)

I am requesting the following school record(s) for my child (Clearly indicate the records requested) be discussed: [] telephonically; [] in person; or [] both:

Demographic Information, Emergency Contact Information, School Transcript and Grades
Disciplinary History, Medical Information

Child's Name: _____

Child's Date of Birth: _____ Child's Grade: _____

These records may be discussed with the following person(s), institution and address:

Name(s) After School Personnel Institution: One Bright Ray Incorporated
International Education & Community Initiatives

Address: 1142 East Erie Avenue Philadelphia, PA Zip: 19124

Phone # () - . Fax# () -

In order to comply with regulations as set by the Family Educational Rights and Privacy Act (FERPA), I certify that the purpose for which these records are being disclosed is

Enrollment in the After School Program, assessment of child's progress in After School, adequately address emergency situations.

I authorize the following CAPCS employee(s) to participate in the discussion:

ALL Community Academy of Philadelphia personnel

Further, I have an assurance that this third party will not further disclose my child's information without my written permission.

I certify that I am the parent/legal guardian of this child; I hereby authorize the release of my child's record(s) from Community Academy of Philadelphia CS (CAPCS) to the person/institution listed above.

Signature of Parent/Legal Guardian

Date

