



# COMMUNITY ACADEMY of PHILADELPHIA

A PENNSYLVANIA CHARTER SCHOOL

1100 EAST ERIE AVENUE  
PHILADELPHIA, PA 19124  
VOICE: 215.533.6700 ~ FAX: 215.533.6722  
WWW.COMMUNITYACADEMY.ORG

>**Note:** *This permission expires in 90 days from date signed by parent/legal guardian*

## 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:

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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) \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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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  
CAP FERPA 02

\_\_\_\_\_  
Date