



# Consent Form For Release Of SFA's Student Information

## Section 1

Name of Recipient: \_\_\_\_\_

Name of relevant program (if applicable): \_\_\_\_\_

Name and title of SFA's contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Brief description of organization (and program, if applicable):

The mission of San Francisco Achievers is to support African-American young men in the San Francisco Unified School District to lead and thrive in higher education and beyond. We do this through college scholarships, leadership training, and mentoring. Our students benefit from a community of support that starts with staff and extends to volunteers, businesses, and nonprofits throughout the Bay Area.

### Purpose of This Request (check all that apply)

- Provide student with appropriate services and/or referrals to appropriate services
- Provide case management for student
- Other (explain):

### Specific Data Fields Requested (check all that apply)

Data Field	Time Period ("2022-23 school yr")
<input type="checkbox"/> Address	
<input type="checkbox"/> Grade	
<input type="checkbox"/> School name and number	
<input type="checkbox"/> Gender	
<input type="checkbox"/> Race/ethnicity	
<input type="checkbox"/> Primary language	
<input type="checkbox"/> English Learner (EL) status <input type="checkbox"/> YES / <input type="checkbox"/> NO	
<input type="checkbox"/> Foster youth status <input type="checkbox"/> YES / <input type="checkbox"/> NO	
<input type="checkbox"/> Special education status (has an IEP) <input type="checkbox"/> YES / <input type="checkbox"/> NO	
<input type="checkbox"/> 504 status (has a 504 Plan) <input type="checkbox"/> YES / <input type="checkbox"/> NO	
<input type="checkbox"/> Chronic absenteeism status <input type="checkbox"/> YES / <input type="checkbox"/> NO	
<input type="checkbox"/> Attendance rate	
<input type="checkbox"/> Absence rate	
<input type="checkbox"/> Transcript	
<input type="checkbox"/> Assessment(s) results (identify each):	
<input type="checkbox"/> Other (explain):	

Note: Free or reduced price lunch eligibility is highly sensitive data. In order for SFA staff to release free or reduced price lunch eligibility, **the parent or legal guardian signing Section 2 of this form must be listed as a member of the household on SFA's free or reduced price lunch application.**

<input type="checkbox"/> Free/reduced price lunch eligibility <input type="checkbox"/> YES / <input type="checkbox"/> NO	
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### Section 2 (to be filled out by students age 18 or older, or the parent/legal guardian for students under the age of 18)



**SFUSD**

# Consent Form For Release Of SFA's Student Information

Student's Last Name \_\_\_\_\_

Student's First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student ID (include if known) \_\_\_\_\_

Please indicate below if you authorize all, some, or none of the requested student information for release to San Francisco Achievers. (Select one)

- I authorize SFA to release ALL of the data fields checked above in Section 1.
- I authorize the release of the data fields checked above in Section 1, EXCEPT FOR the following data fields:

\_\_\_\_\_  
\_\_\_\_\_

- I DO NOT authorize the release of ANY of the data fields checked above in Section 1.

Sharing this information is entirely voluntary. Refusal to allow access to free/reduced price lunch status will not affect student's eligibility for free or reduced price meals or free milk. You may withdraw your permission to share this information at any time. Upon withdrawing your permission, San Francisco Achievers, named in Section 1 will not seek any further data, but will still have access to any data that was previously authorized and released prior to your withdrawal.

By signing below, you acknowledge that you agree to each of the terms and conditions of this agreement.

- I have read the above information, and agree to its terms.**

**If the student is under 18 years of age, the student's parent or legal guardian must sign below.**

**Parent/Guardian's signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Parent/Guardian's printed name: \_\_\_\_\_

**If the student is 18 years of age or older, the student may sign below.**

**Student's Signature** \_\_\_\_\_ **Today's Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

