

Attachment A
Albuquerque Public Schools Consent for Release of Student Information

Name of Student

Student DOB dd/mm/yyyy

Name of School

Student APS ID#

Grade

The above student qualifies to receive services from an agency outside of APS to support their academic and/or social/emotional wellbeing.

I,

herby grant

Parent/Guardian Name

Tracy Herrera Executive Director with Horizons Albuquerque may have
(Authorized person from Horizons Albuquerque) access to

's academic records/

(Student Name)

Agency must provide parent/guardian with the list of records that will be requested for their child. Records include:

- Transcript/Grade reports - Fall (December/January/end of 1st semester) and Spring (May/June/end of school year)
- Attendance - Fall (December/January) and Spring (May/June)
- Assessments - Fall (December/January) and Spring (May/June) - this would include any math assessment for MS/HS, like i-Ready and MAPS
- Immunizations
- Disciplinary Records
- 504 Status (as available)
- Special Education(as available)
- Bilingual Education/ESL
- Free/Reduced Lunch

The above agency may have access to my child's academic information for the 2023-2024 and 2024-2024 academic years for the purpose of improving after-school and summer educational programming for Horizons Albuquerque Students.

I understand this release must be renewed each academic year.

By signing below, I am verifying that the agency has provided me with the list of records that will be requested for my child, and I give consent to APS to release records and other information covered by the Family Rights and Privacy Act of 1974 (FERPA). I understand that by signing this form my child's records and information can be released to the agency/person listed above.

Parent/Guardian Name

Parent/Guardian Signature

Date dd/mm/yyyy