

Plano ISD
043910
STUDENT RECORDS
FL(EXHIBIT)

See the following pages for forms regarding student records:

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EXHIBIT A

NOTICES REGARDING DIRECTORY INFORMATION AND PARENT'S RESPONSE
REGARDING RELEASE OF STUDENT INFORMATION

Certain information about District students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want Plano ISD to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing within ten school days of your child's first day of instruction for this school year.

This means that the District must give certain personal information (called "directory information") about your child to any person who requests it, unless you have told the District in writing not to do so. The District is providing you with this form so that you can communicate your wishes about these issues.

Plano ISD has designated the following information as directory information:

- Student name;
- Photograph;
- Date and place of birth;
- Major field of study;
- Degrees, honors, and awards received;
- Dates of attendance;
- Grade level;
- Most recent educational institution attended;
- Participation in officially recognized activities and sports; and
- Weight and height of members of athletic teams.

When requested by child welfare, juvenile justice or a law enforcement agency for the purpose of contacting the student's parent or guardian, the District has designated the following additional categories of information as directory information:

- Parent or guardian name, address and telephone number.

Parent: Please circle one of the choices below:

I, parent of _____ (*student's name*), (do give) (do not give) the District permission to release the information in this list in response to a request.

Parent's signature: _____ Date: _____

**Parent's Response Regarding Release of Student Information to
Military Recruiters and Institutions of Higher Education**

Federal law requires that the District release to military recruiters and institutions of higher education, upon request, the name, address, and phone numbers of secondary school students enrolled in the District, unless the parent or the eligible student directs the District not to release information to these types of requestors without prior written consent.

Parent: Please complete the following **only** if you **do not** want your child's information released to a military recruiter or an institution of higher education without your prior consent.

I, parent of _____ (*student's name*), request that the District not release my child's name, address, and telephone number to a military recruiter or institution of higher education upon their request without my prior written consent.

Parent's signature: _____ Date: _____

EXHIBIT B

RELEASE FORM FOR STUDENT RECORDS

I, _____ (*name*), give my permission and request the release of student record information of my child, _____ (*child's name*), to be provided to me electronically by the District. The specific information and/or records requested are:

I understand that the District cannot guarantee that the transmittal of this material by electronic means is secure and that the material may be capable of observation, interception, or monitoring by others. Further, I understand the District cannot ensure that the records will be received only by the requestor at the e-mail address provided. I acknowledge the risks identified herein and request that the student record information request above be sent to _____, my e-mail address.

Student's parent or guardian (*print*): _____

Home address: _____

E-mail address: _____

Date: _____

Home phone number: _____

Parent/Guardian's signature: _____

The above release assumes that the student records will be sent via e-mail or fax rather than through direct access to the Internet.

EXHIBIT C

RELEASE OF STUDENT RECORDS

I, _____ (*printed name of parent*), driver's license number _____ (*DL#*), date of birth _____ (*DOB*), hereby authorize the principals, teachers, school counselors, or staff members of Plano Independent School District to furnish copies of records, reports, correspondence, disciplinary data, tests and test results, and other data or information in their possession or control to _____ (*recipient*), relative to my son/daughter, _____ (*child's name*). I also authorize the principals, teachers, school counselors, or staff members of Plano Independent School District to communicate and/or give information relative to my son/daughter, _____ (*name of child*), to _____ (*name of recipient*), for the purpose of _____ (*state the reason for the request to release information*).

Signed this _____ day of _____, 20 ____ .

Parent's signature: _____

I, the undersigned authority, do hereby certify that the above and foregoing authorization was executed by the said _____ (*name of parent*), in my presence this _____ day of _____, 20 ____ .

Notary Public in and for the state of Texas _____

(Seal)

EXHIBIT D

RELEASE FORM FOR PUBLICATIONS, VIDEO, AND ELECTRONIC
DISPLAY OF STUDENT WORK

**Plano Independent School District
Publications, Video, Internet, Artwork Display Consent and Release Agreement**

Students who attend school in the Plano Independent School District are occasionally asked to be a part of school and/or District publicity, publications, social media, and/or public relations activities. In order to guarantee student privacy and ensure your agreement for your student to participate, the District asks that you sign this form and return a form to the school for each of your students.

The form referenced below indicates approval for the student's name, picture, work, voice, verbal statements, or portraits (video or still) to appear in school publicity or District publications, videos, or on the District's website. For example, pictures and articles about school activities may appear in local newspapers or District publications and artwork may appear in public spaces. These pictures and articles may or may not personally identify the student. The pictures, videos, and artwork may be used by the District in subsequent years.

AGREEMENT

The student and parent/guardian release to Plano ISD the student's name, voice, verbal statements, class assignment(s), portraits (video or still), pictures, and artwork and consent to their use on behalf of Plano ISD for publicity purposes.

Plano ISD agrees that the student's name, work, voice, verbal statements, class assignment(s), portraits, or pictures (video or still) will only be used for public relations, public information, school or District promotion, publicity, and instruction.

Student and parent/guardian understand and agree that:

- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives; and
- The photo, video, artwork, class assignment(s), or student statements may be used in subsequent years.

If the student and parent/guardian wish to rescind this agreement, they may do so at any time with written notice.

Effective date of agreement: _____

Student's name (*please print*): _____

Student's signature: _____

Parent/Guardian's name (*please print*): _____

Parent/Guardian's signature: _____

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Pursuant to Texas Education Code, Section 26.009(b)(2)

Plano ISD has no control over media use of pictures/statements that are taken without permission.

The information above does not relate to yearbooks. The Yearbook Consent and Release Agreement must be completed for yearbook authorization and is found on the Plano ISD Parent Portal ("Authorization Statements" tab) and the *Student/Parent Policy Guide*.

EXHIBIT E

AUTHORIZATION TO RELEASE PERSONAL STUDENT RECORDS

As an eligible or independent student, I _____, authorize the Plano Independent School District to release records concerning

to _____.

I hereby release the District and its Trustees, officials, agents, servants, or employees, in their individual and official capacities, and any institutions with which they are affiliated, from any and all claims, demands, causes of action for monetary, legal or equitable relief, and damages of any nature arising from the release of the records identified herein.

I have been fully informed and understand the request for my consent, as described above. I understand the identified information will be released upon receipt of my written consent. I further understand that my consent is voluntary and may be revoked in writing anytime except to the extent that action has been taken in reliance on my consent. If not previously revoked, this consent will expire on _____ or one year from the date it is signed.

Student's signature Date

Printed or typed name of Student

Witnessed this _____ day of _____, _____.

Notary Public

_____; _____
County State