

FORM C: FERPA AUTHORIZATION

Student Name: _____ ("Student") Date of Birth: _____

The purpose of this Authorization is to permit Claymont City School District ("Claymont") to provide all personally identifiable information contained in the Student's educational records (including any health-related or other information in the records maintained by the Claymont school nurse) to (i) Student's parents and/or Legally Authorized Representatives (unless restricted by law) and (ii) Aultman Orrville Hospital or Aultman designated affiliates ("Aultman Orrville") so that Aultman Orrville can provide telemedicine services to Student.

The Family Educational Rights and Privacy Act ("FERPA") is a Federal Law that protects the privacy of student education records. In accordance with FERPA, Claymont will disclose information from education records with the Student's, or (in the case of a minor) a Student's Legally Authorized Representative's, written consent.

By signing this document, I am giving consent that Claymont officials may provide and discuss the entire contents of Student's education records, including personally identifiable information from such records, with Aultman Orrville representatives. I understand that I may revoke consent at any time in writing to: Claymont City School Nurse at: **Claymont High School, 4205 Indian Hill Road, Uhrichsville, OH 44683;** or, **Claymont Middle School, 215 E. Sixth Street, Uhrichsville, OH 44683;** or, **Claymont Intermediate School, 230 N. Third Street, Dennison, OH 44621;** or, **Claymont Elementary School, 1200 Eastport Avenue, Uhrichsville, OH 44683;** or, **Claymont Primary School, 320 Trenton Avenue, Uhrichsville, OH 44683.**

I understand that a revocation is not effective to the extent that information has already been used or disclosed in reliance on this Authorization.

I have read this form or have had it read to me. I understand what it says.

Student Signature: _____ Date: _____
(If Student is Over Age 18)

Parent/Legal Guardian* Signature: _____ Date: _____
(If Student is Under Age 18)

*If signed by a Legally Authorized Representative, provide your name and describe your authority to act for the individual below (e.g., parent, legal guardian, healthcare power of attorney, etc.).