



TO: Parents/Guardians of Children's Scholarship Fund-Charlotte (CSF-C) Recipients

FROM: Children's Scholarship Fund – Charlotte (CSF-C)

RE: Consent Form for Education Records and Promotional Pictures/Comments

FORMS DUE BY THE DESIGNATED DUE DATE

As a condition of your child's participation in CSF-C's scholarship program, we require that the parent/guardian **complete and sign four copies** of the enclosed Consent Form for **each child** participating in the program which will be distributed as follows:

1. to your child's school attended in the last academic year
2. to your child's school to be attended this next academic year
3. to CSF-C via the Foundation For The Carolinas (FFTC)
4. to you, for your records

Please send **three completed and signed copies** of each child's Consent Form to the FFTC **BY THE DESIGNATED DUE DATE.**

**Foundation For The Carolinas
Children's Scholarship Fund
217 South Tryon Street
Charlotte, NC 28202**

The Consent Form allows CSF-C to:

- 1. Access your child's education records.** Due to Federal regulations precluding an educational institution from releasing personally identifiable student information, it is necessary that we receive these forms which authorize disclosure of your child's educational records to us. This information will be used to aid in the administration of our scholarship program and to track your child's progress. Access to your child's records will be limited solely to the CSF-C and to the Foundation For The Carolinas (FFTC), which assists in the administration of our program. We will not release your child's personally identifiable information to third parties.
- 2. Have permission to use your or your child's photographs and/or comments with regard to CSF-C's program for promotional materials and fundraising purposes.**

Should you have any questions or concerns with the above request, please contact Carla McCrorey at 704-973-4534 or cmccrorey@fftc.org. Thank you in advance for your prompt response to this request.



CONSENT FORM

Name of Student: _____

Name of Student's Current School (2010 - 2011): _____

Student's Current Grade (2010 - 2011): _____

Name of Student's Past School (2009 - 2010): _____

I, the undersigned parent/guardian, hereby authorize my child's non-medical education records to be released to the Children's Scholarship Fund-Charlotte (CSF-C) via the Foundation for the Carolinas (FFTC). My child is a participant in CSF-C's program, and this information is being released to aid in the administration of that program.

Parent/Guardian's Signature

Date

I give permission and consent to allow any photographs of my child, family and/or me about CSF-C and the receipt of a scholarship from CSF-C to be published and used by CSF-C and its agents in any medium for promotional and fundraising purposes, as well as any other purposes that further the mission of CSF-C as determined by CSF-C.

Parent/Guardian's Signature

Date

I give permission and consent to allow any statements made by my child, family and/or me about CSF-C and the receipt of a scholarship from CSF-C to be published and used by CSF-C and its agents in any medium for promotional and fundraising purposes, as well as any other purposes that further the mission of CSF-C as determined by CSF-C.

Parent/Guardian's Signature

Date

This consent form shall remain in effect until revoked by me in writing, but any revocation shall not affect disclosures previously made to the CSF-C.

Confidentiality and Student Privacy
The Family Educational Rights and Privacy Act (FERPA) protects the disclosure of student information to third parties. FERPA prohibits schools from releasing certain personal information of the student without parental consent.

PLEASE RETURN ORIGINAL COPIES ONLY -NO FAXED COPIES ACCEPTED