

Fort Worth Independent School District

AUTHORIZATION FOR DISCLOSURE AND USE OF INFORMATION

I, _____, hereby authorize the Fort Worth Independent School District (FWISD), Fort Worth, Texas, to disclose to the Fort Worth Housing Authority any information relating to me or my spouse, children, or grandchildren for whom I provide care as a guardian or other person having legal control. I specifically include within this authorization the right for FWISD to disclose any past or present information included in educational records as defined in the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g and state law. I understand and agree that the Fort Worth Housing Authority may use the information disclosed by the FWISD pursuant to this authorization (1) for its own purposes and (2) that the Fort Worth Housing Authority may disclose such information to another person or entity.

I hereby waive, release, acquit, discharge and indemnify the FWISD, its trustees, employees, officers and agents from any and all claims, or causes of action that I have now or may later claim to have against the FWISD, its trustees, employees, officers and agents relating to or arising from the disclosure and use of any information pursuant to this authorization.

I may revoke this authorization at any time by giving written notice to the Student Affairs Department, FWISD, 100 North University Drive, Fort Worth, Texas 76107 and the revocation shall be effective upon receipt by the Assistant Superintendent, Student Affairs. The revocation of this authorization will not have any affect on any disclosures or uses made before it is received by the Assistant Superintendent, Student Affairs.

By my signature below, I represent that this authorization is knowingly and voluntarily given.

Signature

Printed Name

Date