



Please submit completed forms to the Registrar's Office.

Galena Park Independent School District FERPA Consent Form

According to the Family Educational Rights and Privacy Act (FERPA), parents (of students under 18 years of age) or eligible students (18 years or older) must provide written permission for Galena Park ISD to release any information from a student's educational records.

Student Name: _____

DOB: _____ GPISD ID#: _____ Graduation Year: _____

___ I am a student age 18 years or older

___ I am a student under the age of 18

Note: Parent signature is required for a student under the age of 18 years of age.

By signing below, I give my permission for Galena Park ISD to provide requested educational information to:

- Educational Institutions/Scholarships
- National Collegiate Athletic Association (NCAA)
- National Association of Intercollegiate Athletics (NAIA)
- Military – Army, Navy, Marines, Air Force, Coast Guard
- Employers

Student must read and initial the statements below before the request will be processed.

_____ I understand that the records to be disclosed include my social security number and other personally identifiable information from my education records.

_____ I understand that transcripts do not include SAT, ACT, AP or IB test scores.

_____ I understand this authorization is valid until canceled in writing.

Student Signature

Date

Parent Signature

Date

Office Use:
Entered into Skyward by: _____