

THE SCHOOL BOARD OF POLK COUNTY, FLORIDA

FERPA COMPLIANT REQUEST FOR STUDENT RECORDS TO BE SENT TO OVERGRAD

I, _____, (*Name of parent of minor student, or eligible student if the age of majority*), HEREBY REQUEST that the School Board of Polk County, Florida, its employees, agents, and assigns (hereinafter SCHOOL BOARD), provide release of student records, in hard copy or electronically, for: _____, (*Name of Student*) which are in possession of the SCHOOL BOARD, to the following person or party: **OVERGRAD, The Green Exchange, 2545 W Diversey Ave #215, Chicago, IL 60647, with phone number (312) 324-4952, and whose web address is <https://www.overgrad.com/>.**

I understand that I can limit the SCHOOL BOARD'S production of records to certain specified records. I wish to have the SCHOOL BOARD n/a send a complete copy of any and all student records in its possession XX only send the specified records listed below (*select one*). If the "all student records" option is chosen, then the records provided may include materials that are not student records, or that may otherwise be confidential, including but not limited to criminal records, whether student was an offender or victim of any type of crime.

I understand that all such records may be confidential under Federal Law and Florida Law, including, but not limited to §1002.22, Florida Statutes and 20 U.S.C.A. § 1232g, and I waive all rights of confidentiality as to this request, thereby allowing SCHOOL BOARD to provide copies of my records to the above-referenced person/party in hard copy or electronically.

The reason for this release of records is: **college admission guidance and planning tools** (*20 U.S.C.A. 1232g(b)(2)(A) requires the requestor to specify the reason for the request for release*).

In the event that the student records are to be delivered to a third party, I acknowledge and I have confirmed that such third party will not permit any other party to have access to such information without my further written consent.

I agree to release, hold harmless, and indemnify the SCHOOL BOARD for any and all damages or claims arising out of the SCHOOL BOARD'S compliance with my request to send my student records to the above-referenced person/party.

I do not wish do wish (*select one*) to receive a copy of the records provided to the above-referenced person/party. I understand that I must pay a reasonable reproduction cost prior to delivery of my copy of the records.

SPECIFIC RECORDS REQUESTED:

(Only identify specified records if you do not want the SCHOOL BOARD to send a complete copy of any and all of your student records):

- Name of the High School
- Student ID
- Student Email
- First Name
- Last Name
- Date of Birth
- Graduation Year
- Unweighted GPA
- Weighted GPA
- ACT and/or SAT
- Earlier national exams for younger students (Aspire, PSAT, etc.)

Student Parent/Guardian (or eligible student)

Date

Witness

Date