

**PROJECT 180
PARENT AUTHORIZATION FOR PARTICIPATION AND
CONSENT TO RELEASE PUPIL RECORDS**

- I. I give permission for my child, _____, to participate in the Kern County Superintendent of Schools Office (KCSOS) Project 180 activities.
- II. I give permission to employees of KCSOS and the designated project evaluator to have access to my student's pupil and education records maintained by his/her school to include disciplinary records (suspensions, expulsions and office referrals), attendance records, and grades. I understand my permission to access my student's pupil and Project 180 participation records is for the purpose of evaluating Project 180 including: (1) determining the effectiveness of Project 180; (2) making improvements to the program; and (3) providing follow-up assistance as necessary. Personally identifiable information about my child will not be: (1) released by the evaluator or KCSOS or (2) included in any published evaluation report or other public document. This authorization shall become effective immediately and shall remain valid until June 30, _____.

By affixing my signature below, I certify that I: (a) have read this *Parent Authorization for Participation and Consent To Release Pupil Records* and (b) fully consent and authorize, without exception, each of the provisions in the paragraphs above and (c) that this consent has been made without duress or coercion.

Home Phone: _____

Work Phone: _____

Parent/Guardian Name (PRINT)

Parent/Guardian **SIGNATURE**

Date

Witness Name (PRINT)

Witness **SIGNATURE**

Date

 Consent to participate denied (check this box if you do not give your permission to participate in Project 180)

Parent/Guardian Name (PRINT)

Parent/Guardian **SIGNATURE**

Date