

## Authorization for Release of Educational Records

### PLEASE NOTE: THIS FORM MUST BE CO-SIGNED BY A WITNESS

This form gives your school written authorization to release certain education records to the persons named in section 2.

STUDENT Information																			
First Name										MI		Last Name							
Date of Birth										Home Phone									
Parent or Guardian Name										Address									

1. I understand the Family Educational Rights and Privacy Act (“FERPA”) protects the confidentiality of my child’s Education Records and that Oxford Community Schools may only release these records to third parties with my prior written consent or as otherwise permitted by law. I understand that as the parent/guardian of the student named above, I am authorizing Oxford Community Schools to release to release the education records described below to the Fund Administrators and their agents of the Oxford Survivors’ Fund, National Compassion Fund.
  
2. Information to be disclosed: I hereby authorize Oxford Community Schools to disclose attendance records from November 30, 2021.
  
3. Purpose of the disclosure: Administration of the “Oxford Survivors Fund” by the National Compassion Fund.
  
4. The following specific entity may receive disclosures of the education records described above:
 

Fund Administrator c/o National Compassion Fund 1450 Duke St Alexandria, VA22314	Or its agent: Hogan-Lovells
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5. I hereby authorize the release of the education records described above to the recipient listed above. I understand that this authorization will expire one year from the date of my signature unless otherwise specified, and that this authorization may be withdrawn by me at any time without prejudice. Withdrawal of this authorization will not affect any information already released.
  
6. I understand that Oxford Community Schools does not have any connection, oversight, or authority over the National Compassion Fund, the National Compassion Fund rules or “Protocol,” the National Compassion Fund application process, decisions regarding eligibility or distribution of the National Compassion Funds, or decisions regarding the level of benefits paid to any individual. I understand that this Consent for Disclosure shall not be in any way construed as an admission or evidence of any wrongdoing or liability on the part of Oxford Community Schools.
  
7. I understand this authorization may be necessary as a condition of obtaining compensation from the Oxford Survivors’ Fund.

Signature of Consent: \_\_\_\_\_  
 Signed by:         Student (Must be at least 18 years)                       Parent  
 Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_  
 Legal Guardian  
 Date: \_\_\_\_\_