Main Street **Scholars**
HOME OF THE LABRADORS

Authorization for Records Exchange and Educational Representative Designation

(FERPA and California Education Code § 49075 / § 49076 Compliant)

1. Student Information

Name:

_____

Date of Birth: _____

Current Grade:_____

2. Authorized Educational Institutions and Designated Representative

I hereby authorize the mutual exchange of student records and designate agency representation between:

Current School Name:

_____

Private School Name:
Main Street Scholars Early College High School

Designated Private School Administrator(s):
Jamie Hayes, Executive Director
Dawn McGee, Head of School

3. Scope of Records to be Released

This authorization applies to the ongoing, two-way disclosure of the checked records (check all that apply):

☐ Official Academic Transcripts (including credits, historical grades, and current progress reports)

☐ Standardized Testing Scores and State Assessment Data

☐ Attendance Records

☐ Disciplinary Records

☐ Special Education Records (IEPs, 504 plans, or psychoeducational evaluations)

4. Designation of Educational Representative (Authorization to Speak & Advocate)

I hereby grant the Designated Private School Administrator listed in Section 2 explicit permission to act as an authorized educational representative and advocate for my student. By checking the boxes below, I authorize this individual to:

☐ Speak on Behalf of Student: Verbally discuss, inquire about, and review any aspect of the student's academic progress, behavior, attendance, and grading with public school personnel.

☐ Meeting Participation: Attend and actively participate in academic counseling, credit articulation, and scheduling meetings held by the public school.

☐ Special Education Advocacy: Attend and participate in IEP or 504 team meetings (if applicable) to assist in coordinating accommodations between both campuses.

☐ Limitation Clause: I understand that this designation does not grant legal custody or the right to sign final, legally binding documents (such as signing off on a final IEP or formal disciplinary expulsion waivers) without my final signature.

5. Extended Validity Period and Expiration Event

This authorization is designated for an extended timeframe to match the duration of the student's concurrent enrollment. This waiver shall remain valid until (check ONE):

☐ The student graduates from high school or permanently withdraws from either institution.

6. Parent/Guardian Acknowledgement and Signature

I understand that I may revoke this entire consent, or just the representative designation, at any time by providing a written notice to both institutions.

I understand that under California Education Code Section 49076, the receiving institutions are prohibited from re-disclosing this information to any third party without my explicit written consent.

Parent/Legal Guardian Signature:

_____

Parent/Legal Guardian Printed Name:

_____

Date: _____