



GREYHILLS ACADEMY HIGH SCHOOL

P.O. Box 160

TUBA CITY, ARIZONA 86045

APPENDIX XV

Notice to Parents and Eligible Students

Greyhills Academy High School adheres to confidentiality of student records in accordance to the Family Education Rights and Privacy Act, 20 U.S.C. §1232(g) and 34 C.F.R. Part 99 and the Individuals with Disabilities in Education Act, 20 U.S.C. §1400 et seq. 34 C.F.R. §300.500 et seq. Translation of these rights and copies of these rights are available upon request.

The school maintains many types of records, not limited to:

- identifying data
- attendance data
- academic data
- health data
- incident reports
- psychological evaluations

All student records are located at the administration office under the supervision of a designated School employee. Records are available to teachers and staff members in order to provide appropriate educational services to the student. Parents and guardians have the right to inspect and review educational records maintained by the School that pertain to your child. All records except for medical and health records are available to review. A written request can be made to the to the School administrator. The School will comply with your request within forty-five (45) days of the date on the written request. If you are unable to review records in person, the school will provide copies of the record at no cost to you and will be mailed to the address provided by you.

However, the school is not required to give an eligible student access to his/her mental health or medical records. However, the eligible student may have the records reviewed by a physician or other professional of the student's choice when a written consent is provided by the parents/guardians.

If you believe that information contained in the records is inaccurate or misleading, you may request in writing that the record be amended. Include the specific information which you believe to be inaccurate or misleading and the reasons why you believe the information is incorrect or misleading. If, after a review of the records, the School does not agree with your conclusion that the record should be amended, you have the right to request a hearing on that issue. The hearing will be conducted by an individual who does not have a direct interest in the outcome of the hearing.

The school utilizes *directory information*, not limited to:

- student's name
- address
- telephone listing
- date of birth
- parent's name
- student' grade
- tribal affiliation
- agency affiliation
- grade classification
- date, place of birth
- activities and sports
- chapter affiliation
- student's achievements
- awards and honors

- student's weight/height
- student's photograph
- prior school district enrollment

Parents/guardians have the right to refuse permission for the School to use the above-designated *directory information*. The school can be notified in writing to request refusal to use *directory information*. The timeframe for written refusal request is within two (2) weeks from the beginning of the school year, or within two (2) weeks from the date of enrollment if they registered later in the school year. If the school does not receive written notification from you within this two (2) week period, the school will assume that it has your permission to use the above-designated information.

If you have any concerns regarding student records, you should immediately contact a school official to address your concern. You also have the right to file a complaint with the Family Educational Rights and Privacy Act Office in Washington, DC.

If your child is receiving special education and services, the school will inform you when personally identifiable information is no longer needed by the school to provide services to your child. This information will be retained by the School for a period of two (2) years after the date your child was last enrolled in the School.

The form below is a CONSENT TO RELEASE OF INFORMATION and is used to release specific information with my consent.

CONSENT TO RELEASE OF INFORMATION

Student Name: _____

I authorize Greyhills Academy High School to utilize directory information to provide appropriate educational services to the student mentioned above.

I understand that this information/record will be released to employees at Greyhills Academy High School in order to provide the educational services for the student.

However, a *Parent Authorization for Release of Information* form will need to be obtained if any outside entities require the student's personal information; as it requires further consent and authorization by parents/guardians.

Parent/ Guardian Signature

Date