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|  | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  **FERPA Access Request** | | | | | | |  |
| DATE OF REQUEST |
| The Uninterrupted Scholars Act (Public Law 112-278) amends the Federal Education Rights and Privacy Act of 1974 (FERPA) to permit educational agencies to disclose a student’s education records, without parental consent or court order, to a caseworker or other representative of a state or local child welfare agency. DCYF may only use education records that it receives under the Uninterrupted Scholars Act for purposes related to case planning and placement decisions. Records that DCYF shares pursuant to the Uninterrupted Scholars Act retain their confidentiality and must not be released except as allowed under federal and state law.  In light of those limitations, the following are permissible disclosures of education records under the Uninterrupted Scholars Act:  To the Office of the Family and Children Ombuds (OFCO) for the purpose of addressing the education needs of a child or youth who is currently under DCYF’s care and placement authority.  To near fatality review teams when use of the records directly relates to the education needs and outcomes of a child or youth who is currently under DCYF’s care and placement authority. | | | | | | | | |
| **Child’s Information** | | | | | | | | |
| PRINTED NAME | | DATE OF BIRTH | | | PERSON ID NUMBER | | CASE ID NUMBER | |
| **Requestor’s Information** | | | | | | | | |
| REQUESTOR’S NAME | | PHONE NUMBER (AND AREA CODE) | | | | EMAIL ADDRESS | | |
| NAME OF REQUESTOR’S AGENCY | | | | | | DATE ACCESS NEEDED | | |
| SUPERVISOR’S NAME | | PHONE NUMBER (AND AREA CODE) | | | | EMAIL ADDRESS | | |
| **By my signature below, I certify the following:**  1. I certify I will not access or use confidential information unless directly related to my assigned job duties and will not use confidential information for personal purposes or gain.  2. I agree not to disclose confidential information to any unauthorized person or entity, either orally, in writing, or by electronic means and agree to protect information as required by agency privacy and security policies  3. I understand I am authorized to access, use and/or disclose only the “minimum necessary” confidential information required to perform my assigned job duties.   1. I understand my use of FamLink will be monitored. 2. I will immediately report a breach or suspected breach of FamLink data to any applicable program manager. | | | | | | | | |
| REQUESTOR’S SIGNATURE DATE | | | SUPERVISOR’S SIGNATURE DATE | | | | | |
| **Education Program Manager’s Use ONLY** | | | | | | | | |
| **Meets requirements** for the following action:  Grant On-line FamLink Data Access to Education Information for five business days  **Does NOT meet requirements** for the following reason: | | | | | | | | |
| DCYF ADMINISTRATOR / SPONSOR’S SIGNATURE DATE | | | | PRINTED NAME | | | | |