



Consent for Release of Educational Records and
Child Welfare Program Application Materials

Applicant Name:

Affiliate ID Number:

Date:

Individual or Agency to Whom Access to Records May be Provided:

Note: The individual or agency authorized for access to records must provide appropriate identification at the time of access.

Name: Arizona Department of Child Safety
Address: 3003 North Central Avenue, Phoenix, Arizona, 85012
Relationship: Collaborative Partner with the ASU School of Social Work
Child Welfare Education Program

By presenting a signed and dated copy of this consent to the Child Welfare Education Program, I consent to the release by ASU of any and all of my educational records and records submitted as part of my application to the Child Welfare Education Program and ASU School of Social Work to the individual(s) or agency named above. I further authorize that ASU may discuss the information contained in my educational and/or my application records with the authorized recipient(s). This consent applies to education records and/or application records that may otherwise be protected under the federal Family Educational Rights and Privacy Act of 1974, as amended, 20 U.S.C. 1232g, also known as the FERPA or the Buckley Amendment, a synopsis of which is available through the Registrar's Office. This consent does **not** authorize the recipient to make decisions or process transactions on my behalf. This authorization will remain in effect until I rescind it in writing.

Applicant Signature