CHEYENNE AND ARAPHAO TRIBES
DEPARTMENT OF EDUCATION

ACCESS OF STUDENT RECORDS PERMISSION FORM

The Cheyenne and Arapaho Tribes Department of Education is in the process of establishing an Education Data Base in order to track the educational process of all tribal school age children. The data base will assist in identifying individual student needs and also provide important educational data related to retention, graduation rates, drop out rates, educational needs, and other data that can be used to identify challenges in any particular school setting. Your permission to access the student records of your children attending public, tribal, or BIA schools is needed to make this project a success.

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I hereby authorize the Cheyenne and Arapaho Tribes Department of Education to have access to my child's school records for the purpose of assisting with my child's educational needs on a short and long term basis. I am aware that these records will be kept in confidence and will be used to identify any educational barriers that the Tribes Education Department can assist with. I further understand that any data collected on behalf of my child will not be published specifically referencing my child but may be included as part of a general report to identify group trends.

I understand that by signing this document, I am authorizing my child to participate in the Cheyenne and Arapaho Tribes Department of Education programs and data collection system.

Name of Student: _____
First Middle Last

Date of Birth_____Age_____Grade_____

Address_____
Address City State Zip Code

Phone Number_____Parent Email Address_____

School Currently Attending_____

School Address:_____

_____ _____ _____
Parent Guardian Printed Name **Parent Guardian Signature** **Date**