

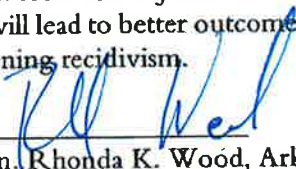


**Arkansas Supreme Court Commission
On Children, Youth and Families
&
Arkansas Department of Education
&
Arkansas School Boards Association**

The Supreme Court Commission on Children, Youth, and Families; the Arkansas Department of Education; and the Arkansas School Boards Association have worked together to create a release form that authorizes, upon parental consent, a juvenile's probation or FINS officer to access a student's education records. This includes access to the eSchoolPLUS Home Access Center (HAC). A copy of the form may be found at <http://arsba.org/policy-resources>.

Access to the HAC account is voluntary and wholly dependent on parental consent. Each school district will have to decide for itself whether to accept the release, but we recognize that parents have the ultimate legal authority to allow access to others. The Commission and Department have ensured that the release is legally valid so as to protect the school districts from any potential issues.

It is our hope that allowing ongoing electronic access will lessen the burden on school-district personnel who would otherwise have to process multiple requests from juvenile officers regarding these records. In addition, providing electronic access will allow juvenile officers to acquire all relevant information so as to tailor the most appropriate and beneficial services for juveniles who have come into contact with the court system. All in all, this will lead to better outcomes for juveniles, such as increasing educational performance and lessening recidivism.

By: 
Hon. Rhonda K. Wood, Arkansas Supreme Court
Chair, Supreme Court Commission on Children, Youth, and Families

Date: 9/17/15

By: 
Johnny Key, Commissioner of Education

Date: 9/17/15

By: 
Dr. Tony Prothro, Executive Director of ASBA

Date: _____



**Arkansas Supreme Court Commission
On Children, Youth and Families
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Education Records Release Form

Date _____

Student's full name _____

Student's date of birth _____

Student's home address _____

Student's Social Security Number or Student Identification Number _____

Student's Grade Level _____ School _____

District _____

Parent or Guardian's full name (printed) _____

Parent's home address (If different from Student's) _____

Parent's email address _____

Parent's phone number _____

I, as the parent/guardian of the above student, authorize my student's school to provide copies, either in a physical or digital format, to my student's probation officer of the following portions of my student's education record:

- Discipline records
- Attendance records
- Transcripts
- Daily classwork grades

Furthermore, I authorize my student's district to provide my student's probation officer with a copy of the username and password to my eSchoolPLUS Home Access Center (HAC) account. I understand that providing access to my eSchoolPLUS HAC account is the most efficient method for my student's district to provide my student's probation officer with the relevant portions of my student's education record.

I understand that the purpose of the request for access to my student's education record is for my student's probation officer to provide the best recommendations for my student. Therefore, I grant my student's probation officer the authority to share the portions of my student's education record that are necessary to support the probation officer's recommendations with the appointed judge, defense attorney, and prosecuting attorney for my student's case.

My consent for my student's probation officer to access my student's education records shall end upon my:

- Student reaching the age of eighteen (18);
- Student being released from probation; or
- Submission to my student's district of a written revocation of my grant of access to my student's records by my student's probation officer.

Probation Officer name (printed) _____
Probation Officer work address _____
Probation Officer work email address _____
Probation Officer work phone number _____

As the probation officer of the above student, I agree to use the records for the sole purpose to provide the best recommendations for the student listed above. I agree to protect the security of these records and will not release this information to a third party not directly related to the student's case unless I am required by law or I receive permission from the student's parent/guardian.

Parent or Guardian's full name (signature) _____
Date _____

Probation Officer Name (signature) _____
Date _____