

Cleveland Public Schools
Acknowledgment of Handbook Receipt and Policy Access

STUDENT SECTION:

Student Full Name: _____

School Site: _____ Grade: _____

Home Address: _____

Home Phone No.: _____

I have received a copy of the district's handbook. I understand that I can obtain another copy of the handbook from **LOCATION**. I also understand that I can access a full copy of all the district's policies, including those about discrimination and bullying, **THROUGH THE PRINCIPALS OFFICE, ON THE WEBSITE, ETC.**

I agree to follow all my school's policies and procedures. I specifically agree not to discriminate, harass, intimidate, or bully other students. I also specifically agree to use the school district's technology resources as outlined in my school's policies and procedures.

I understand that if I violate the rules in my school's policies or procedures I may receive consequences, including but not limited to suspension.

Student Signature

Date

SPONSORING PARENT OR GUARDIAN SECTION (Required):

My child and I received a copy of the district's handbook. I understand that I can obtain another copy of the handbook from **LOCATION**. I also understand that I can access a full copy of all the district's policies, including those about discrimination and bullying, **THROUGH THE PRINCIPALS OFFICE, ON THE WEBSITE, ETC.**

I specifically acknowledge receiving information about how to access information regarding the following topics: discrimination, harassment, intimidation, bullying, technology use, disability accommodations, FERPA, and filing a complaint/grievance.

I understand that my student may be disciplined, including but not limited to suspension, for failing to comply with district policies and procedures.

Parent Signature

Date

This acknowledgment/agreement must be renewed each academic year.

Cleveland Public Schools
Authorization to Release Information

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned hereby authorizes the school district and _____
(name of instructor) to provide a letter of recommendation and/or an oral reference to the following individual(s) or organization(s):

I understand that a letter of recommendation or an oral reference may include the instructor's subjective evaluations of my abilities, my strengths and weaknesses, my work ethic, my motivation, and other personal characteristics, based on the instructor's observations of my activities and performance. I understand that such subjective evaluations are **not** protected by FERPA.

I authorize the release of the following information protected by FERPA:

- Information on my district transcript, including courses taken, grades received, grade point average, and class rank;
- Information regarding my attendance;
- Any other information in my education records to which the instructor has had access, including quizzes, tests and examinations, research papers, and other academic work.

I understand the information may be released orally or in the form of a written letter, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to the instructor identified above.

I hereby

- waive
- do not waive

my right to review the recommendation letter or know the contents of any oral communication.

Student Signature

Date

Parent/Guardian Signature (if student is under 18)

Date