



PHILADELPHIA YOUTH NETWORK, INC.  
WorkReady Philadelphia Programs

**BUCKLEY AMENDMENT: Consent to Release of Information**

Dear WorkReady Participants and Parents/Guardians:

WorkReady Philadelphia programs are designed to provide participating youth with meaningful learning experiences, including preparation for the workplace and higher education opportunities, and success in school. So that we may ensure that our youth's needs be fully met, it is helpful to track their performance in school through grades, standardized tests, achievement levels, and other relevant records. Please read the following statement, and sign below to indicate that you agree to allow your/your child's school to release these records to the Philadelphia Youth Network (PYN) and its partner agencies for use throughout the program.

*I understand that the Buckley Amendment to the Family Education Rights and Privacy Act of 1974 guarantees that my/my child's academic record will not be discussed with or disclosed to any third party without my written consent. I hereby authorize officials of the School District of Philadelphia to release my/my child's educational records (limited to: standardized tests, graduation and promotion information, and copies of report cards) only to PYN and to any corresponding partner agency or agencies with which I/my child will be placed by PYN. This consent will last until I/my child is no longer enrolled in a PYN-sponsored activity or until I rescind this consent in writing.*

*I understand that this information will not be provided to any entity other than those indicated above. I understand that a record will be maintained in my/my child's educational records, indicating that the information was provided. I understand that I may acquire a copy of this record, as well as of any records provided to PYN, from the Philadelphia School District.*

Name of WorkReady Participant: \_\_\_\_\_  
(Please Print)

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If 18 or older or an emancipated minor)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If youth is under age 18)

If you do not give permission to PYN, its employees, affiliates, representatives, corresponding partner agencies and contractors to access your educational records, please check the box below and sign.

I do not agree to the terms of this release form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date