

SAMPLE DATA RELEASE CONSENT FORM

(This template is meant to serve as a sample consent form; please modify to fit your study)

Dear Parent/Guardian of: _____ OSIS #: _____

Your child has been selected to participate in *{Name of the program/study}*. As part of the evaluation process, *{Name of Organization}* is requesting your consent to access identifiable student level data from the New York City Department of Education. This includes *{List of data elements requested}* for the *{School year}* school year(s).

Your child's class and school should benefit from participation in this project. *{List any Benefits}*. It is very unlikely this study could pose any unknown risks. *{List any risks}*. Consent is completely voluntary. If you do not provide consent for your student to participate, there will be no effect on your student's grades or eligibility to participate in the program.

If you have questions about participating in this study, you may contact *{Name of contact}* at *{Contact information}*.

If you consent to allowing *{Name of Organization}* to collect your student's data, please sign below and return the consent form to the researcher by mail using the self-addressed envelope included.

Print Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____