

Parent/Guardian Consent Forms

Student Information

Full Name: _____
Last *First* *M.I.*

Information Request

I authorize Adult Education at Manhattan Area Technical College to receive and/or release information relating to my attendance, educational progress, GED test scores, special education services, transcripts and any further information, which informs my educational needs. I understand this consent remains in effect until revoked by me in writing and is completely voluntary.

Authorization Given to speak with:

Adult Education Faculty, Counselor, Director

Kansas Board of Regents Adult Education

TRIO Educational Consultant

Probation Office Name of Probation Officer: _____

Student Signature: _____ **Parent Signature:** _____

Date: _____

Notification for Accommodations

If you have a documented disability and may require accommodations during instruction or GED examination, you must make a request for accommodations, submitted to the Director of Adult Education and then to Pearson Vue and GED. These requests **must be submitted in writing a minimum of 6 weeks** prior to testing. This is **ONLY** an acknowledgement of your rights. This is **NOT A REQUEST FOR ACCOMMODATIONS**.

Student Signature: _____ **Parent Signature:** _____

Date: _____

High School Equivalency Testing and Kansas Board of Regents

I hereby consent to the Kansas Board of Regents release of my high school equivalency (GED) testing record including all the results and my scores to the Adult Education program I attended or that I am currently attending.

For students under the age of 18:

This consent shall be valid for two years from the date this consent form is signed by the parent or legal guardian. Consent may be revoked upon the written notification by the parent or legal guardian.

Printed name of
Parent/Guardian: _____

Signature of
Parent/Guardian: _____

Date: _____

Annual Notice of Authorized Student Data Disclosures

2019-2020

Manhattan Adult Learning Center | Manhattan, Kansas

In accordance with the Kansas Student Data Privacy Act (2014), student data submitted to or maintained in a statewide longitudinal data system may only be disclosed as follows. Such data may be disclosed to:

- The authorized personnel of an educational agency or the state board of regents who require disclosures to perform assigned duties; and
- The student and the parent or legal guardian of the student, provided the data pertains solely to the student.

Student data may be disclosed to authorize personnel of any state agency, or to a service provider of a state agency, educational agency, or school performing instruction, assessment, or longitudinal reporting, provided a data-sharing agreement between the educational agency and other state agency or service provider provides the following:

- Purpose, scope and duration of the data-sharing agreement;
- Recipient of student data use such information solely for the purposes specified in agreement;
- Recipient shall comply with data access, use, and security restrictions specifically described in agreement; and
- Student data shall be destroyed when no longer necessary for purposes of the data-sharing agreement or upon expiration of the agreement, whichever occurs first.
 - A service provider engaged to perform a function of instruction may be allowed to retain student transcripts as required by applicable laws and rules and regulations.

Unless an adult student or parent or guardian of a minor student provides written consent to disclose personally identifiable student data, student data may only be disclosed to a governmental entity not specified above or any public or private audit and evaluation or research organization if the data is aggregate data. "Aggregate data" means data collected or reported at the group, cohort, or institutional level and which contains no personally identifiable student data.

The district may disclose:

- Student directory information when necessary and the student's parent or legal guardian has consented in writing;
- Directory information to an enhancement vendor providing photography services, class ring services, yearbook publishing services, memorabilia services, or similar services;
- Any information requiring disclosure pursuant to state statutes;
- Student data pursuant to any lawful subpoena or court order directing such disclosure; and
- Student data to a public or private postsecondary educational institution for purposes of application or admission of a student to such postsecondary educational institution with the student's written consent.

I acknowledge that I have been provided with notice of authorized student data disclosures under the Student Data Privacy Act.

Student Signature: _____ **Parent Signature:** _____

Date: _____

Use of Personal Data

The Family Educational Rights and Privacy Act (FERPA) and the Kansas Student Data Privacy Act protect the privacy of student education records. With your consent, your data may be shared. Sharing your data may benefit your education and career goals by helping determine eligibility for services and support.

Instructions: To grant consent to share data, please check the box in the “Grant Consent” column beside the agency or agencies listed below.

To withdraw previously granted consent, please check the box in the “Withdraw Consent” column.

Grant Consent	Withdraw Consent	Agency/Organization
<input type="checkbox"/>	<input type="checkbox"/>	All agencies listed below
<input type="checkbox"/>	<input type="checkbox"/>	Kansas Board of Regents, Adult Education Centers, and Kansas Postsecondary Educational Institutions
<input type="checkbox"/>	<input type="checkbox"/>	Kansas Department of Commerce, including workforce partners receiving federal funds
<input type="checkbox"/>	<input type="checkbox"/>	Kansas Department for Aging and Disability Services
<input type="checkbox"/>	<input type="checkbox"/>	Kansas Department for Children and Families
<input type="checkbox"/>	<input type="checkbox"/>	Kansas Department of Health and Environment
<input type="checkbox"/>	<input type="checkbox"/>	Kansas Department of Corrections
<input type="checkbox"/>	<input type="checkbox"/>	Kansas State Department of Education
<input type="checkbox"/>	<input type="checkbox"/>	Other:

I understand granting consent allows selected agencies to share my data with one another. Shared data may include, but is not limited to, name, address, social security number, date of birth, GED® exam scores, other test results, transcripts, employment, goals, and outcomes. Shared data may help determine if I qualify for career and training services. My consent also allows these agencies to use my information to prepare reports and evaluate programs.

I understand that I can withdraw consent at any time. To withdraw consent, I may contact the agency or check the “Withdraw Consent” box on a copy of this form and submit it to an agency listed above. I understand that withdrawing consent will stop the selected agencies from sharing my personal data.

I understand that my consent is voluntary. No services will be denied if I do not provide consent.

By signing I acknowledge that I grant consent or withdraw previously granted consent for the sharing of my personal data between the agencies as checked above.

Student Signature: _____ **Parent Signature:** _____

Date: _____

Photo Release Form
Manhattan Area Technical College
Adult Learning Center

I release the use of my photograph for use in Manhattan Area Technical College's publications and or Websites for promotional purposes. Examples are but not limited to; MATC publications, television broadcasts, video productions, The Manhattan Mercury, the ALC website, social media, public relations and advertising activities.

I authorize the use of my photographs, name, likeness and performance for general educational, non-commercial purposes by Manhattan Area Technical College for as long, or as often, as is deemed necessary. My name, photograph and likeness may be used to publicize and promote programs offered by MATC.

I hereby release Manhattan Area Technical College from any claim by me for damage to my person, property, reputation, or for invasion of privacy.

I affirm that to the best of my knowledge all material furnished and used by me in this activity is my own original material or material which I have full authority to use for such purposes. I further affirm that Manhattan Area Technical College is the owner of all rights herein and to said activity, and that no monetary consideration is due me.

Student Signature: _____ **Parent Signature:** _____

Date: _____

Parent Acknowledgement and Consent
Students under age 18

I, _____, (parent/guardians name) understand that individuals under the age of 18 enrolled at the Manhattan Area Technical College Adult Learning Center are considered adults and will follow the guidelines and responsibilities of the adult education environment.

As an adult learning program, auditing requirements are separate and different than those that govern minors in a traditional K-12 school setting. It is adult education's mission to help prepare students for successful post-secondary, and /or workforce placement and community participation. In accordance with this mission and the policies and procedures outlined in the Adult Education student handbook and the policies of Manhattan Area Technical College, individuals receiving services will act according to the rules and regulations in the Student Handbook (Student handbook is located in the director's office and it is available online at manhattantech.edu/alc under program resources).

Disruptive, inappropriate student behavior is unacceptable and may lead to probation, suspension or expulsion. A referral to the Director of Adult Education and/or the Vice President of Student Services is at the discretion of all Adult Education staff members and they have the right to request that a student leave the classroom and/or the building if the student's behavior is unacceptable and/or in violation of Adult Education or MATC policy. Law enforcement officers are available for assistance if a student refuses to leave the building and grounds as requested.

I acknowledge I am enrolling _____, (students name) a minor, into an independent adult learning environment. I understand that compulsory attendance is no longer a requirement if a compulsory attendance waiver is on file for this student. I also understand that students in an adult learning environment may come and go at will. I consent to the above statutes and stipulations.

Parent or Legal Guardian Signature

Date