

# Authorization for Release of Confidential Information

## Boys & Girls Clubs of San Francisco

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member ID: \_\_\_\_\_ (mm/dd/yyyy)

Our agency is supported by a grant from the San Francisco Department of Children, Youth, and Their Families (DCYF). As a condition of the funding we receive, we are required to report information about the services we provide and the children, youth, and families that we serve to DCYF. DCYF works in close partnership with the San Francisco Unified School District (SFUSD). The data that we report to DCYF is also shared with SFUSD.

DCYF and SFUSD rely on the data that we provide to understand the populations that are served by DCYF-funded programs and to ensure that San Francisco's most vulnerable children, youth, and families have access to services. The data is also used by DCYF to monitor grant funds and to evaluate program activities and impacts.

By signing this form, you authorize our agency to share information about your child's participation in our program (or your participation, if you are 18 years of age or older) with authorized staff at DCYF and SFUSD for the purposes described above. The information that we report to DCYF includes:

- Personal information, such as name, date of birth, and address;
- Demographic information, such as race/ethnicity and gender identity;
- Education information, such as school name and grade level;
- Participation in activities and services, such as attendance dates and hours attended; and
- Anonymous and voluntary youth experience surveys.

**DCYF and SFUSD will not publicly report any information that we provide in a way that may be used to identify your child** (or you, if you are 18 years of age or older).

**Restrictions:** All information that we provide that is related to an SFUSD student is protected by federal and state laws that govern the use, disclosure, and re-disclosure of student education records. Parties other than DCYF and SFUSD will not have access to any personally identifiable information that we report, except to the extent that the parties have obtained prior written authorization from you or have followed SFUSD policies and procedures to obtain access to such information.

**Expiration:** This authorization expires on June 30, 2023.

**Your Rights:** You may refuse to sign this form. You may cancel it at any time by informing our agency in writing. If you cancel your permission allowing us to release information to DCYF and SFUSD, it will go into effect immediately, unless the information has already been released. You have a right to receive a copy of this form.

Your Name: \_\_\_\_\_

Relationship to Participant:  Parent  Legal Guardian  Participant 18 Years of Age or Older

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(mm/dd/yyyy)