

# WELCOME TO BLACKS

Dr. Brenda Joyce Sanders  
Executive Director  
541-788-1636



<https://blacksinoregon.com>  
4736 Royal Ave., Suite 129  
Eugene, Oregon 97404

Where Preparation Meets Opportunity

## FERPA CONSENT TO RELEASE STUDENT INFORMATION

\_\_\_\_\_  
(Name of Agency/Entity releasing information)

\_\_\_\_\_  
(Title of person releasing information)

Please provide information to: **BLACKS (Black Leaders Activating Cultural Knowledge to Succeed)**

The only information that is to be released under this consent is:

- \_\_\_\_\_ student name and/or parent/guardian name (if applicable)
- \_\_\_\_\_ phone number
- \_\_\_\_\_ school name (if applicable)
- \_\_\_\_\_ email address
- \_\_\_\_\_ ethnicity
- \_\_\_\_\_ age
- \_\_\_\_\_ housing status (F)=foster care (U)=Unhoused (A)=At-risk of homelessness after high school

The information is to be released for the following purpose:

\_\_\_\_\_ Talking to student/parent/guardian about being enrolled in the BLACKS program

I understand the information may be released orally or in the form of an email ([drsanders@blacksinoregon.com](mailto:drsanders@blacksinoregon.com)) /text message (541-788-1636) to the executive director of BLACKS or a physical copy of information, as preferred by the requester. I have a right to inspect any written information released pursuant to this Consent. I understand I may revoke this Consent upon providing written notice to: BLACKS 4736 Royal, Suite 129, Eugene, Oregon 97402.

I further understand that until this revocation is made, this consent shall remain in effect and my information will continue to be provided to BLACKS for the specific purpose described above.

Student Name (print) \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_