

AUTHORIZATION TO RELEASE/EXCHANGE RECORDS/INFORMATION

Please send information directly to:

TO: _____ FROM: _____

You are authorized to release all of the following records:

- **Permanent Records/Official Transcripts** - Basic identification data, grades, standardized test scores, activities, awards, attendance, class standing, and etc.,
- **Discipline** - All pertinent information;
- **Health Information** - All health information, original immunization;
- **Administrative Records** - Recommendations, correspondence;
- **Special Services Assessments** - Includes psychological, speech, language, hearing, physical therapy, occupational therapy, audio-logical casework, medical, vocational, etc.
- **Withdrawal Grades:** - To date of leaving for work in progress; and
- **Legal Information** - Includes restraining orders, etc.
- **Other** - _____

Signature of Person Requesting Information Title Date

STUDENT(S)	GRADE(S)	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby give consent for the release of all records as requested.

Signature of Parent/Guardian Date

It is understood that the information released will be reviewed and used by only those professionals working with my (our) child(ren). I understand that I (we) have the right to inspect or receive a copy and to challenge the content of the records to be released if I (we) so desire.

According to Federal Law 99.31 Family Educational Rights and Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records to other educational agencies unless you are requesting a Special Services Assessment. In that case, a parent/guardian signature is still required.

- (1. Mail/Send original
- 2. Retain a Copy for School Building
- 3. Give the Parent(s) a Copy)

ADOPTED: May 21, 2002 Reviewed: April 29, 2003 Revised February 21, 2006 Revised: January 17, 2012
Reviewed: November 15, 2016