

TO:

470 North 3rd East Mountain Home, Idaho

James G. Gilbert, Superintendent (208) 587-2580 FAX (208) 587-9896 www.mtnhomesd.org

AUTHORIZATION TO RELEASE/EXCHANGE RECORDS/INFORMATION (681F3) Please send information directly to:

FROM:

ou are authorized to release all	S	
scores, activities, awards,	cial Transcripts - Basic identificat attendance, class standing, and etc.,	
 Health Information - All health information, original immunization; Administrative Records - Recommendations, correspondence; Special Services Assessments - Includes psychological, speech, language, hearing, physical therapy, occupational therapy, audiological casework, medical, vocational, etc. 		
nature of Person Requesting Information	Title	Date
TUDENT(S)	GRADE(S)	DATE OF BIRTH
ΓUDENT(S)	GRADE(S)	DATE OF BIRTH
TUDENT(S) hereby give consent for the rele		DATE OF BIRTH

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: November 15, 2016 Revised: April 29, 2003 Revised February 21, 2006 Revised: July 21, 2020 Reviewed: January 18, 2022 Revised: January 17, 2012