



ADMINISTRATIVE REGULATION

APPROVED: July 1, 2016

REVISED: March 17, 2020

216-AR-1. AUTHORIZATION FOR DISCLOSURE OF INFORMATION

I am the parent of the student referenced below, or the student listed below and am at least eighteen (18) years of age or attending a postsecondary institution, and hereby give consent to the school district to disclose to:

_____	for	_____
(Agency/Person)		(Student's Full Name)
_____		_____
(Address)		(Address)
_____		_____
(Phone)		(Phone)

the following information: (Check all that apply)

___ General (name, address, phone, birth date, attendance records, progress/report cards)

___ Standardized Test Scores

___ Special Education Records:

___ Evaluation/Re-evaluation Reports

___ Individualized Education Program (IEP)

___ Notice of Recommended Educational Placements/Assignments Options
Considered Form

___ Psychological Reports

___ Occupational Therapy Reports

___ Physical Therapy Reports

___ Medical records, reports, and test results in the possession of the school district

___ Discipline Records

___ Consultation between the school district and _____

___ Other: (Please specify) _____

The purpose of the disclosure being authorized by me is to: _____

____ Please check here if you are requesting the school district provide you with a copy of the records disclosed. I understand that copies of the records disclosed are subject to district copying fees.

I understand that my records are protected under Board Policy No. 216 and accompanying Administrative Regulations to ensure the privacy rights of both parent(s) and eligible students in the collection, maintenance, release and destruction of these records as required by the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, and will not be disclosed by the school district without my written consent unless required or permitted under applicable law. I also understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on it. In any event, this consent expires automatically as follows:

(Specification of the date, event, or condition upon which this consent expires)

Signature of parent or eligible student

Date

Signature of School Administrator

Date

*Copy of form should be retained in student's cumulative folder.