

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION (§300.622)**

|   |                             |            |                                     |
|---|-----------------------------|------------|-------------------------------------|
| STUDENT NAME:   | Date of Birth:              | Grade:     | Date Educational Records Requested: |
| Name of Parent/Guardian:  | Address (Street, P.O. Box ) |            |                                     |
|   | City, State, Zip:           |            |                                     |
| <b>RECORDS REQUESTED BY</b>   |                             |            |                                     |
| Name:   | Address: (street, P.O. Box) |            |                                     |
| School/Agency/ Institution:   | City, State Zip:            |            |                                     |
| <b>PURPOSE OF REQUEST</b>   |                             |            |                                     |
| REASON:   | Completed by:               | Date Sent: |                                     |
| Transfer Student  |                             |            |                                     |
| Due Process   |                             |            |                                     |
| Other: (specify)  |                             |            |                                     |
| <b>RECORDS REQUESTED</b>  |                             |            |                                     |
|   | Completed by:               | Date Sent: |                                     |
| Completed Classroom Observations and class work ( )   |                             |            |                                     |
| Case History ( )  |                             |            |                                     |
| Medical and Health History ( )  |                             |            |                                     |
| Completed Referral Form ( )   |                             |            |                                     |
| Consent for Evaluation ( )  |                             |            |                                     |
| Evaluation Reports ( )  |                             |            |                                     |
| Determination of Eligibility Form ( )   |                             |            |                                     |
| Consent for Placement ( )   |                             |            |                                     |
| Individualized Education Plan (IEP) ( )   |                             |            |                                     |
| IEP meeting notes ( )   |                             |            |                                     |
| Other: ( )  |                             |            |                                     |
| This is to certify that I agree to the release of the student records checked above with the understanding that they will be released only for the purpose stated above and only to the person/ institution stated above per (34CFR Part99 (FERPA)) |                             |            |                                     |
| Signature: Parent/Guardian  |                             |            | Date:                               |
| Signature: Student (if appropriate):  |                             |            | Date:                               |
| The undersigned releases these records with the understanding that they are being released only for the purpose stated above and only to the person/institution stated above.   |                             |            |                                     |
| Authorized School Official:   |                             |            | Date:                               |

**I understand that I may revoke this consent at any time. All actions previously in place will end as of this date. (§300.9(c)(2)). Parent/Guardian/Student (if of age) Initials: \_\_\_\_\_ Date: \_\_\_\_\_**