

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

Name of Student: _____ Grade: _____ Date of Birth: _____

I hereby authorize:

School/Agency/Individual:	
Address:	
Address:	
City, State, Zip Code:	
Telephone:	Email address:
Fax:	Website:

To exchange the information checked below regarding my child to:

School/Agency/Individual:	
Address:	
Address:	
City, State, Zip Code:	
Telephone:	Email address:
Fax:	Website:

I understand that I have the right to inspect and copy school records and to challenge the contents of these records. Federal and State Legislation requires that consent is needed for transfer of records beyond a third party. This authorization terminates one year from the date of permission.

Student Signature (if applicable)

Date

Parent/Guardian Signature

Date

Parental permission is no longer required when records are requested by authorized school personnel (Family Educational Rights and Privacy Act, Final Rule on Educational Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673).

Requested Items	Description	Items released by please initial
<input type="checkbox"/>	Official school transcript	_____
<input type="checkbox"/>	Official administrative record (name, address, birth date, grade level completed, grades, class standing, and attendance records)	_____
<input type="checkbox"/>	Discipline record	_____
<input type="checkbox"/>	Standard achievement scores	_____
<input type="checkbox"/>	Intelligence and aptitude test data	_____
<input type="checkbox"/>	Family background data	_____
<input type="checkbox"/>	Health record	_____
<input type="checkbox"/>	Psychological report	_____
<input type="checkbox"/>	Social developmental study	_____
<input type="checkbox"/>	Individualized education program (IEP)	_____
<input type="checkbox"/>	Letter of Recommendation	_____
<input type="checkbox"/>	Birth Certificate	_____
<input type="checkbox"/>	Other: _____	_____

Information sent by: _____
Name, title, date