

BLOOMINGTON PUBLIC SCHOOLS
 300 E. Monroe Street, Bloomington, IL 61701
 (309) 827-6031

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

Name of Student: _____ Birthdate: _____

Address: _____

I hereby authorize _____
 Name of District/Agency

to exchange the confidential information requested below and approved by the undersigned with:

 Name & Address of Requesting Person/Agency

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)

 Parent/Guardian Signature

 Date

<u>Records Requested</u>	<u>Records Released by: (Please Initial)</u>	<u>Description</u>
_____	_____	Official school transcript
_____	_____	Official administrative record (name, address, birthdate, grade level completed, grades, class standing, and attendance records)
_____	_____	Standard Achievement Scores
_____	_____	Intelligence and aptitude test data
_____	_____	Family background data
_____	_____	Health Record
_____	_____	Psychological Report
_____	_____	Social Developmental Study
_____	_____	Individualized Education Program
_____	_____	Letter of Recommendation
_____	_____	Other _____

Date Information sent: _____ Sent by: _____