



Longview School District #122
Special Education
Request for Student Records

Last name: _____ First name: _____ MI: _____

Maiden name: _____ Other former names: _____

Date of Birth: _____ Phone number: _____ School: _____

- Requesting:** IEP Evaluations Testing Results Health Records
 Psychological & Counseling Other: _____

By signing below, I authorize the release of the record(s) indicated above be sent to: (check all that apply)

Fax: _____ Email: _____ I will pick up

Mail: _____
Name _____ Company (if applicable) _____

Address _____ City, State, Zip _____

*The Family Educational Rights Privacy Act (FERPA) allows a school district to re-disclose educational records to schools in which the student enrolls or intends to enroll. This includes approved nonpublic agencies and other private schools. This information may no longer be protected under federal law.
You do not need to sign this authorization. Refusal to sign the authorization will not adversely affect your ability to receive services.
I understand it is my right to request a copy of all information and contest any information I feel is incorrect. Consent may be withdrawn at any time in writing, except where information has already been released based upon my authorization.*

Signature: _____ **DATE:** _____
(Parent/Guardian)

Or

Authorized Agency: _____ **DATE:** _____

Please provide copy of parent/guardian authorization with this completed form as necessary