



**AUTHORIZATION FOR RELEASE AND/OR EXCHANGE OF INFORMATION**

Student name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

**I hereby authorize the release and/or exchange of records between:**

_____
Name of clinic/provider/agency
_____
Street Address
_____
City, State, Zip
_____
Phone _____ Fax _____

**AND**

<b><u>RICHLAND SCHOOL DISTRICT</u></b>
_____
(Name of school, program, or staff member)
<b>Mailing Address:</b> _____
_____
<b>Phone:</b> _____
<b>Fax:</b> _____

Indicate records to be disclosed:

**Health Records**

The reason for disclosing the record(s) is:

- Educational planning and programming**
- Health and safety planning**

I understand that this information obtained will be treated in a confidential manner by the school district under the provisions of the Family Education Rights and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances. Please note that if the request is for health or medical information, the medical information received by the district is protected under FERPA privacy standards by a school district and not the Health Insurance Portability and Accountability Act (HIPAA).

**This authorization is valid for 90 days, beginning this day, or from \_\_\_\_\_ to \_\_\_\_\_.**

Note: For release of medical records, the authorization can be no longer than 90 days after this authorization is signed.

I understand that my consent for the release of records is voluntary and I can withdraw my consent at anytime in writing. Should I withdraw my consent, it does not apply to information that has already been provided under the prior consent for release.

**Parent/guardian (relationship)**  
or Student Signature (age 13 & older)

**Date**

**Student's Consent Required For:**

HIV AIDS status, diagnosis, treatment – 14 years of age  
Family Planning/Abortion – no age limit

\_\_\_\_\_  
Signature  
Alcohol/Drug Treatment – 13 years of age  
Mental Health Services – 13 years of age

**PURPOSE:** As a parent, guardian or student, you have the right to give permission or not give permission for the release of your child's records with other persons or agencies. This request provides you with the opportunity to approve or not approve such a request unless release of records is allowed under one of the exceptions under the rules implementing the Family Education Rights and Privacy Act, FERPA, (for example, transfer of records from one school district to another within the state).