

OCEANSIDE UNION FREE SCHOOL DISTRICT
CONSENT FOR RELEASE OF RECORDS AND INFORMATION

STUDENT'S NAME: _____ **DOB:** _____ **GRADE:** _____

OCEANSIDE SCHOOL #: _____ **ADDRESS:** _____ **PHONE:** _____

FAX: _____

NEW STUDENT

TRANSFERRING STUDENT

NEW STUDENT

FIRST DAY IN ATTENDANCE: _____

Previous Address: _____ New Address: _____

Previous School: _____

Address: _____

Phone: _____

I _____ authorize copies of all educational and health records be provided to Oceanside School District. Please include:

Attendance Records	Health Records	Psychological	Scholastic Grades	Speech/Language
Disciplinary Records	IEP	Related Service Reports	Social History	Standardized Testing

I also consent to having evaluations / records released to CSE/CPSE of the Oceanside School District. I understand that all records will be kept confidential and that access will be limited to school personnel who work with my child (i.e.: CSE/CPSE members, building principal, psychologist, social worker, regular or special education teachers and related service providers) and will not be given to any other agency / individual without my written consent. I also consent to having school and CSE/CPSE representatives who work with my child speak with the school / agency named above. I understand that consent is voluntary and can be reconsidered at any time by contacting the CSE/CPSE office in writing.

Signature of Parent/Guardian

Relation to Student

Date

TRANSFERRING STUDENT

LAST DAY IN ATTENDANCE: _____

Current Address: _____ New Address: _____

New School: _____

Address: _____

Phone: _____

I _____ authorize Oceanside School District to release all student records to the School / Agency listed above including:

Attendance Records	Health Records	Psychological	Scholastic Grades	Speech/Language
Disciplinary Records	IEP	Related Service Reports	Social History	Standardized Testing

I also consent to having school and CSE/CPSE representatives who work with my child (i.e.: CSE/CPSE members, building principal, psychologist, social worker, regular or special education teachers and related service providers) speak with the school / agency named above. I understand that my consent is voluntary and I may withdraw consent for future communications at any time by contacting the CSE/CPSE office in writing.

Signature of Parent/Guardian

Relation to Student

Date