

**THE KENTON COUNTY SCHOOL DISTRICT
 CONSENT TO SHARE INFORMATION
 WITH AN OUTSIDE AGENCY OR PERSON**

 Student Name

Date of Birth: _____

 Street Address

Phone: _____

 City, State, Zip Code

I hereby authorize the Kenton County School District to communicate/share information with the following individual or agency. I understand that the information that may be shared may be protected by HIPAA as a protected health record or by FERPA as a confidential educational record. This information is being shared for the purpose of: Educational Planning

FROM:

_____ Name of Individual or Agency
_____ Street Address
_____ City, State, Zip
_____ Phone

TO: Email: kcsdpreschool@kenton.kyschools.us

<u>Kenton County Preschool Program</u>
_____ Name of Individual or Agency
<u>1055 Eaton Drive</u>
_____ Street Address
<u>Ft. Wright, KY 41017</u>
_____ City, State, Zip
<u>Ph: 859-957-2632</u> <u>Fax: 859-344-1531</u>
_____ Phone

The specific information to be discussed, as it relates to postsecondary needs and services:

- Assessment reports (Psychological, Psychiatric, Educational, Audiological/Hearing) (if applicable)
- Cumulative records including grades and attendance records
- Medical Information (i.e., treatment plan) Immunizations, Physical, Eye Exam, (Dental Exam - if available)
- Progress Data
- Other Transition Assessment data
- Individual Education Program (IEP) (if applicable)
- Individual Learning Plan (ILP) or Individual Graduation Plan (IGP)
- Other (Specify) Birth Certificate, Social Security Card

I understand that this authorization for release/invitation is voluntary and that I may revoke it at any time by my written notice. Unless revoked by me, and in writing, this authorization for release/invitation shall be in full effect until _____. If no date is listed, this release shall be in effect for one (1) calendar year from the date signed. Any revocation will have no effect on prior disclosures granted in accordance with and in reliance upon this authorization for release/invitation. I understand that information disclosed by my authorization may be re-disclosed by this agency or individual only through the process set out in the Family Educational Rights and Privacy Act (FERPA).

 Signature of Parent/Legal Guardian
 (Student must sign if over 18 years of age)

 Date

 Signature of Witness

 Date