

MOUNT PLEASANT CENTRAL SCHOOL DISTRICT

825 Westlake Drive
Thornwood, NY 10594
(914) 769-5500
FAX: (914) 769-3733

AUTHORIZATION FOR THE RELEASE OF STUDENT RECORDS

To Parents/Guardians/Eligible Students:

The Family Educational Rights and Privacy Act ("FERPA") and the Individuals with Disabilities Education Improvement Act ("IDEA") require schools and providers to have written consent from a parent or legal guardian before they can release student records or communicate about the student. In the case of students eighteen (18) years old or older, written permission of the eligible student must be obtained.

The form provided below will authorize the Mount Pleasant Central School District to release records and to communicate about your child. **The District shall keep all records and such releases, in accordance with FERPA and the IDEA, strictly confidential and not release any information to non-authorized individuals.**

Please complete the required information and sign this form.

To: (Receiving Facility)

Telephone#: _____

Fax #: _____

From: (Sending Facility)

Mount Pleasant Central School District
825 Westlake Drive
Thornwood, NY 10594

In accordance with FERPA and the IDEA, I hereby authorize the Mount Pleasant Central School District to communicate with and release the following records pertaining to the below-named student to the person or entity identified above (select one):

- All educational/clinical records, including but not limited to health records, grades, discipline records, dates of attendance, psychological and other evaluations, all diagnostic and state testing, psychiatric records and special education records.

- Only the specific records as follows: _____

Signature of Parent/Guardian

Signature of Eligible Student (if 18 or older)

Student's Name: _____

Age: _____ Date of Birth: _____ Grade Level: _____