

**Madison Public Schools**  
**Authorization for Exchange of Educational Information**

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

I hereby authorize:

Name & Title of Agency officials/consultants \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**And** Name and Title of Public School officials \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Description:**

The education information to be disclosed consists of:

- Complete record
- Most recent IEP/Evaluations
- Educational testing
- Attendance Records
- Disciplinary records
- Observation of student in school
- OT Evaluation
- PT Evaluation
- Speech/Language
- School health records
- Other [explain] \_\_\_\_\_

**Purpose:**

This information will be used for the following purposes:

- Educational Evaluation
- Educational Planning
- Educational Placement
- Other [explain] \_\_\_\_\_

**Authorization**

This authorization is valid for one calendar year. It will expire on \_\_\_\_\_. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent to the school/program administrator. I recognize that education records are protected by the Family Educational Rights and Privacy Act and that I can request information regarding my rights under the Act from Madison Public Schools.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Eligible Student Signature (if 18 or older) \_\_\_\_\_ Date \_\_\_\_\_

Copies:

- Parent/Guardian or eligible student
- Agency/consultant releasing the educational information
- School official requesting / receiving the protected health information