

**Release of Student Information
Health for Safety Emergency**

1. Requestor Information

Name _____
Employer _____ Email _____
Phone _____

2. Student Information Requested

Student Name _____ Student ID _____
Campus _____ Grade _____ Date of Birth _____

3. Description of the Articulate and Significant Threat

Date _____ Time _____ a.m./p.m.
Location _____
Conduct/Offense _____

4. Records Requested

____ Witness statements from the Incident
____ Surveillance video showing the Incident Discipline records relating to the Incident
____ Enrollment Information (name, parent name, address, phone number, DOB, schedule)
____ Other: _____

5. Information released to the Requestor on ___/___/___ by: _____ email _____ paper copy (in office)

Requestor's Signature _____ Date _____

For School Office Use Only

Date Received: _____ Is the student under 18 years of age? _____ Is the student currently enrolled at CCISD? _____
CCISD Administrator Signature _____ Date _____

Note: Place a copy of this completed form in the student's file. The records may not be destroyed for seven years from the date disclosed.