



Estes Park School District R-3

1605 Brodie Avenue

Estes Park, CO 80517 | www.estesschools.org

Request to Release or Secure Confidential Information

Student First Name	Student Middle Name	Student Last Name
Today's Date	State Student ID (SASID)	Date of Birth

Request to Release or Secure Confidential Information

This permission shall be valid for the following duration:

Beginning	Shall Terminate

Please indicate consent below for the records/information being released or secured:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Audiometric	<input type="checkbox"/> Yes <input type="checkbox"/> No	Psychological
<input type="checkbox"/> Yes <input type="checkbox"/> No	Educational	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Therapy
<input type="checkbox"/> Yes <input type="checkbox"/> No	IEP (Individualized Education Plan)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Work
<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech/Language
<input type="checkbox"/> Yes <input type="checkbox"/> No	Occupational Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Psychiatric	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

The purpose of the requested disclosure is as follows:

From:

Agency: _____

Address: _____

City, State, Zip: _____

To:

Agency: _____

Address: _____

City, State, Zip: _____

All information released or secured will be in compliance with the Family Educational Rights and Privacy Act (FERPA) and the Colorado Open Records Law. No additional information will be released or secured without prior approval from the parent, except as provided by law.

Parental Consent:

I understand that consent is voluntary and may be revoked at any time in writing. I hereby authorize the transfer of information as indicated above.

Signature (Parent/Guardian/ESP)

Date