

# LEE'S SUMMIT R-7 SCHOOL DISTRICT



## FERPA AUTHORIZATION TO RELEASE STUDENT RECORDS/INFORMATION

1. Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

2. RELEASE OF RECORDS/INFORMATION FROM:

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

School Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TO:

Name \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

School/Facility \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Furnished copies of the following information: Circle specific information you want shared.

Audiometric	Physical Therapy	Speech/Language	Other _____
Educational Cumulative Record	Psychiatric	Outside Agency	
Medical/Health	Psychological	Discipline	
Occupational Therapy	Social Work	Attendance	

Gifted/Accelerated Program records (most current assessments)

Special Education or 504 records (most current plan and latest evaluation report)

Exchange of information via telephone / mail / scan / in-person

4. Furnished for the following reasons:

- Educational Planning
- Creation of health plan
- Analysis of accommodations
- Identification, evaluation or placement for special services
- Other \_\_\_\_\_

5. When this form is used to release information to Lee's Summit R-7 School District, it will be used in compliance with the Family Educational Rights and Privacy Act. All information will become part of the student's confidential record and will be subject to inspection by the student's parent/guardian.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of LSR7 Employee Receiving the Form

\_\_\_\_\_  
Title

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

This authorization expires on: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(One year from today's date) Date

NOTICE OF REVOCATION – This revocation cancels my authorization given above. I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date