



# PUYALLUP SCHOOL DISTRICT

## AUTHORIZATION FOR THE RELEASE OF RECORDS

### SPECIAL EDUCATION

As a parent, guardian or student, you have the right to give permission or not give permission for the release of your child's records with other persons or agencies. This request provides you with the opportunity to approve or not approve such a request unless the release of records is allowed under one of the exceptions under the rules implementing the Family Education Right and Privacy Act, FERPA. An example of an exception would be the transfer of records from one school to another.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ School District \_\_\_\_\_

**I hereby authorize the release of records:**

**FROM:**  
Agency or Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**TO:**  
Puyallup School District  
Special Services  
1501 39th Ave SW  
Puyallup, WA 98373

Describe the records to be disclosed:

Describe the reason for disclosing the record(s):

I understand the requested information will be treated in a confidential manner by the school district under the provisions of the Family Education and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances. Please note that if the request is for health or medical information, the medical information received by the district is protected under FERPA privacy standards and the Health Insurance Portability and Accountability Act (HIPAA).

I understand that my consent for the release of records is voluntary and I can withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under the prior consent for release.

This authorization is valid from (Date): \_\_\_\_\_ to (Date): \_\_\_\_\_

Note: For release of medical records, the authorization can be no longer than 90 days after this authorization is signed.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please send information to:  
Puyallup School District—Special Services  
Office: 1501 39th Ave SW Puyallup, WA 98373  
Phone: 253-841-8700 / Fax: 253-841-8655