

COUNCIL BLUFFS COMMUNITY SCHOOL DISTRICT

REQUEST TO RELEASE RECORDS

Release To _____

Release From _____

This will authorize _____

(Name of School or Agency)

Street City State Zip

to release all information including, but not limited to: psychological, emotional, social, medical, current Individualized Education Program (if child is in special education), and other available educational reports and/or evaluations for me or my child to:

(Name of School or Agency)

(Name of School Official)

Street City State Zip

for: _____ / _____

Name of Student

Grade

Birthdate

Signature of Parent or Legal Guardian or Student 18 Years of Older

Date

This signature is optional. In compliance with federal legislation, the Family Educational Rights and Privacy Act, parent signature or consent is not required when disclosure of school records is to another school system where the student seeks to enroll (FERPA 34 99.31(a)(2)). It is the responsibility for the sending agency to make a reasonable attempt to notify the parent of the release of information, unless the disclosure is initiated by the parent or eligible student, or the annual notification includes a notice that education records will be forwarded to such other school systems that have requested the records. (FERPA 34 CFR 99.34(a)(1)). Failure to comply with FERPA can result in a complaint being filed with Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202-4605. Phone (202) 260-3877. Fax (202) 260-9001. (FERPA 34 CFR 99.63).

Approved: May 2, 1995

Reviewed: Apr. 1, 1997
July 28, 2009
Apr. 23, 2013
June 25, 2024

Revised: Feb. 24, 2004
April 24, 2018