



**SOUTH WHIDBEY SCHOOL DISTRICT - SPECIAL PROGRAMS DEPARTMENT**  
**5476 S. MAXWELTON RD. LANGLEY, WA 98260 Phone: (360) 221-6100 Fax: (360) 221-6272**

Student: \_\_\_\_\_ Birth date: \_\_\_\_\_ School: \_\_\_\_\_ Grd: \_\_\_\_\_

I hereby authorize the exchange of confidential information and the release of records between the South Whidbey School District and the agency/person(s) listed below:

\_\_\_\_\_  
*(Name of Agency/Person)*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*Phone number, Fax number*

Check all record types to be released:

- Health/Medical Records       Special Education Records       Psychological & Counseling Records  
 Transcripts       Other (specify) \_\_\_\_\_

The reason for disclosing the record(s) is: Educational Program and Planning

\*If the student's records contain any of the following information, that student or student's authorized representative must express written consent by placing a check mark below and signing:

- HIV/Aids status, diagnosis, treatment (age 14 or older)       Alcohol/drug treatment (age 13 or older) WAC 392-172-422  
 Family planning/abortion (no min. age) WAC 392-172-102&104       Mental health services (age 13 or older) RCW70.02005-904

**X**

**Signature of student or authorized student representative      Date**

I understand that the information obtained will be treated in a confidential manner by the school district under the provisions of the Family Education Rights 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 not the Health Insurance Portability Accountability Act (HIPAA).

This authorization is valid from: \_\_\_\_\_  
Date      Date

**Note: FOR RELEASE OF MEDICAL RECORDS, THE AUTHORIZATION CAN BE NO LONGER THAN 90 DAYS AFTER THIS AUTHORIZATION IS**

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.

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

Purpose of Authorization for the Release of Records: As a parent or guardian you have the right to 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 release of records is allowed under one of the exceptions under the rules implementing the Federal Education Rights and Privacy Act (for example, transfer of records from one school district to another).

**Send information to: South Whidbey School District /Special Services Fax 360-221-6272 marked "CONFIDENTIAL" Rev. 6/2017**

The South Whidbey School District #206 does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, marital status, honorably discharged veteran or military status, sexual orientation including gender expression or identity, the presence of any sensory, mental, or physical disability, or the use of a trained dog guide or service animal by a person with a disability in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination: Affirmative Action/Title IX/RCW 28A.640 /RCW 28A.642 compliance officer, Dan Poolman, dpoolman@sw.wednet.edu, or Section 504/ADA coordinator, Jo Moccia, jmoccia@sw.wednet.edu, 5476 Maxwellton Road, Langley, WA 98260, 360-221-6100