AUTHORIZATION TO RELEASE CONFIDENTIAL STUDENT INFORMATION

Fulton County Schools

Student Full Name (Please Print):_____ Date of Birth: _____/_____/_____

Parent/Guardian Name (Please Print): _____ School: _____

❑ I authorize the persons or agencies listed below to release confidential records, medical, health and educational information and/or other confidential student information (as identified below) for the above student.

PERSON/AGENCY RELEASING RECORDS (PLEASE PRINT):

Name/Organization: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____

THESE RECORDS MAY BE FORWARDED TO (PLEASE PRINT):

Name/Organization: Fulton Academy of Virtual Excellence (FAVE) Phone: 470-254-6570

Address: 155 Shaw Dr. Fax: 470-254-6579

City: Fairburn State: GA Zip Code: 30213

❑ **Release of student information will be reciprocal between persons/agencies listed above** (Please check box).

❍ I understand that signing this authorization is voluntary and may be revoked at any time by providing a written notice to Fulton County School System. The withdrawal of this authorization does not affect any student information disclosed prior to this written notice.

❍ This authorization expires: _____/_____/_____
(insert applicable date or if blank, consent expires 12 months from date signed on this release)

The following information will be released/exchanged (Check All That Apply):

EDUCATIONAL RECORDS

❑ **All Student Educational Records**
- ❍ Enrollment
- ❍ Withdrawal
- ❍ Attendance
- ❍ Behavior
- ❍ Grades/Progress reports
- ❍ Immunization
- ❍ Official Transcript
- ❍ Student Intervention Team records/minutes/plans
- ❍ Other: _____

SPECIAL EDUCATION RECORDS

❑ **All Special Education Evaluation and Records**
- ❍ Educational Evaluation/Student Achievement
- ❍ IEP Meeting Minutes
- ❍ Individualized Education Plans (IEP)
- ❍ Consent for Placement
- ❍ Consent for Evaluation
- ❍ Adaptive Behavior reports or checklists
- ❍ Behavioral reports or checklists
- ❍ Transition Plan
- ❍ Eligibility Report for all Categories of Disability
- ❍ Developmental/Social/Behavioral History
- ❍ Other: _____
- ❍ Other: _____

SPECIALIZED EVALUATIONS AND RECORDS

❑ **All Specialized Evaluation and Records**
- ❍ Psychological
- ❍ Neuropsychological
- ❍ Treatment Plan/Recommendations
- ❍ Occupational Therapy
- ❍ Physical Therapy
- ❍ Speech/Language
- ❍ Vision
- ❍ Hearing
- ❍ Otological
- ❍ Audiological
- ❍ Other: _____

MEDICAL EVALUATION AND RECORDS

❑ **All Medical Records**
- ❍ Psychiatric
- ❍ Diagnoses
- ❍ Medications
- ❍ Educational Impact Summary
- ❍ Discharge Summary
- ❍ Outpatient Treatment Plan
- ❍ Other: _____
- ❍ Other: _____

Parent/Guardian Signature: _____ **Date:** _____/_____/_____