

Board File: JRA/JRC-E1

AUTHORIZATION TO RELEASE STUDENT RECORDS TO THIRD PARTIES

Student Name: _____ Date: _____
Date of Birth: _____

I hereby authorize Douglas County Public Schools to: (Check one only)

- Obtain Information from:
- Release Information to:

Agency: _____
Attention: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____ Fax Number: _____

NOTE: Upon a parent/guardian/eligible student's request, the School District shall provide one copy of the student's education record(s) within a reasonable time at the cost of \$.25 per page.

Please include the following information:

- ___ Official administrative record (name, address, birth certificate, grade level completed, grades, grading, scale, credits earned, attendance, discipline)
- ___ Transcripts
- ___ Standardized test data
- ___ Attendance records
- ___ Discipline records
- ___ Health/Medical records
- ___ Special Education records
 - ___ All IEP documents
 - ___ Individual teachers' records
 - ___ Service providers' records (e.g. occupational therapists, physical therapists, psychologists)
 - ___ Tapes of meetings
- ___ Other (please specify) _____

These records are to be released for the following purposes(s):

I understand that the information to be released may include material that is protected by state and/or federal law. My signature verifies that I am legally entitled to review and receive all such information.

Signature (Parent or guardian of student, or student if aged 18 or over)

Street Address: _____
City, State, Zip: _____
Phone Number: _____
Fax Number: _____
Email Address: _____

Douglas County School District Re. 1, Castle Rock, Colorado

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For Office Use Only: Date Request Received: _____ Received by: _____
Date Records Made Available: _____ Provider's Name: _____