CONSENT TO SHARE STUDENT RECORDS AND CONFIDENTIAL INFORMATION

Carefully read the information below.

In accordance with the Family Educational Rights and Privacy Act of 1974 ("FERPA"), the Half Hollow Hills Central School District

must obtain written consent from a parent before discussing, disclosing and/or exchanging a student's

educational records containing personally identifiable information. Educational records include, but are not

limited to attendance, academic, medical, psychiatric evaluations, psychological evaluations, social

history, anecdotal, special education, early intervention records and evaluations completed outside of and

shared with the Half Hollow Hills Central School District.

To have such educational records for your child discussed, disclosed and/or exchanged, a parent must do the

following:

1. specify which educational records are to be discussed, disclosed and/or exchanged;

2. identify the parties or class of parties to whom the discussion, disclosure and/or exchange of educational

records may be made;

3. provide the purpose of or reason for the discussion, disclosure and/or exchange of educational records; and

4. sign and date this form

After completing this form, submit it to the Half Hollow Hills Central School District to release educational records

pertaining to your child.

Student's Name: _____ DOB: _____ Building: _____

I, _____, am the legal parent or legal guardian of the student listed

above. I give my written consent to the Half Hollow Hills Central School District to discuss, disclose or exchange the

student's educational records, as I have specified on this form, to and from the specified party(ies) and for the

purpose listed below. I am aware that evaluations completed outside of and shared with the Half Hollow Hills Central School District can be part of these records.

The educational records that may be discussed, disclosed and/or exchanged are:

(Circle all that apply):

- Special Education Records
- Social History
- Psychological Evaluations
- Psychiatric Evaluations
- Speech/Language Evaluations
- Occupational/Physical Therapy Evaluations
- Health/Attendance Records
- IEP
- Cumulative-Permanent Record
- Medical Records
- Other (specify):

_____

_____

_____

_____

The Provider/Agency to whom the student's educational records may be discussed, disclosed and/or exchanged:

Provider/Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

The purpose or reason for the discussion, disclosure or exchange of the student's educational records is:

_____

_____

_____

_____

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_____

_____

I have carefully read the foregoing authorization and fully understand the meaning and intent of this document. I understand the foregoing release shall remain in effect until withdrawn by me in writing. I affirm that I have signed this authorization voluntarily.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

You are advised to keep a copy of this consent form for your records.