UPPER DARBY
SCHOOL DISTRICT

No. 216-AR-1

ADMINISTRATIVE REGULATION

APPROVED: July 1, 2016

REVISED: March 17, 2020

216-AR-1. AUTHORIZATION FOR DISCLOSURE OF INFORMATION

I am the parent of the student referenced below, or the student listed below and am at least eighteen (18) years of age or attending a postsecondary institution, and hereby give consent to the school district to disclose to:

_____	for	_____
(Agency/Person)		(Student's Full Name)
_____		_____
(Address)		(Address)
_____		_____
(Phone)		(Phone)

the following information: (Check all that apply)

☐ General (name, address, phone, birth date, attendance records, progress/report cards)

☐ Standardized Test Scores

☐ Special Education Records:

___ Evaluation/Re-evaluation Reports
___ Individualized Education Program (IEP)
___ Notice of Recommended Educational Placements/Assignments Options Considered Form
___ Psychological Reports
___ Occupational Therapy Reports
___ Physical Therapy Reports

☐ Medical records, reports, and test results in the possession of the school district

☐ Discipline Records

☐ Consultation between the school district and _____

☐ Other: (Please specify) _____

The purpose of the disclosure being authorized by me is to: _____

_____

☐ Please check here if you are requesting the school district provide you with a copy of the records disclosed. I understand that copies of the records disclosed are subject to district copying fees.

I understand that my records are protected under Board Policy No. 216 and accompanying Administrative Regulations to ensure the privacy rights of both parent(s) and eligible students in the collection, maintenance, release and destruction of these records as required by the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, and will not be disclosed by the school district without my written consent unless required or permitted under applicable law. I also understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on it. In any event, this consent expires automatically as follows:

_____

(Specification of the date, event, or condition upon which this consent expires)

_____ _____

Signature of parent or eligible student Date

_____ _____

Signature of School Administrator Date

*Copy of form should be retained in student's cumulative folder.