

REQUEST FOR RELEASE OF CONFIDENTIAL INFORMATION

Student Name: _____ School: _____
 ID# _____ DOB: _____

In order to provide/receive information regarding your child, FWISD needs your written permission:

Authorization for:	To provide/Receive Information To/From:
Name:	Name:
Agency/School:	Agency/School:
Address:	Address:
City/State/ZIP:	City/State/ZIP:
Phone Number/FAX Number	Phone Number/FAX Number

Type of Information (most current)

- ☐ General medical data and reports including psychiatric data
- ☐ Health History
- ☐ Audiologist or Otologist Reports
- ☐ Ophthalmologist or Optometrist Reports
- ☐ Social and developmental history
- ☐ Full and Individual Evaluation including Disability Report
- ☐ Special Education placement records
- ☐ Individualized Educational Plans
- ☐ Occupational and/or Physical Therapy Reports
- ☐ Speech and Language Reports
- ☐ Information pertaining to vocational program
- ☐ Other

This Information is needed for:

- ☐ Immediate special education placement
- ☐ Verification of student's disability condition(s)
- ☐ General planning of the student's education program
- ☐ Assistance in understanding complex behaviors and needs
- ☐ Vocational/transitional planning
- ☐ Other:

Please respond to each statement with YES or NO and sign at the bottom.

- ☐ YES ☐ NO I have been fully informed of the record(s) to be disclosed, the purpose of the disclosure, who will disclose the record(s), and who will receive the record(s).
- ☐ YES ☐ NO I give my consent for the disclosure of confidential information.
- ☐ YES ☐ NO I understand that my consent for the disclosure of confidential information is voluntary and may be revoked at any time. However, that the revocation is not retroactive (ie., it does not negate an action that has occurred after the consent was given and before the consent was revoked.)
- ☐ YES ☐ NO I understand that my consent, unless revoked, is valid only from the period of **one calendar year** from date of my signature.
- ☐ YES ☐ NO The information provided to me has been provided in my native language or other mode of communication. If other than English, specify:

In accordance with TEC, 25.002, and 34 CFR, 300.323(g), the school district in which the student was previously enrolled must furnish the new school district with a copy of the student's records, including the student's special education records, not later than the 10th working day after the date a request for the information is received by the previous school district. The FERPA 20 USC 1232 (g), does not require the student's current and previous school districts to obtain parental consent before requesting or sending the student's special education records if the disclosure is conducted in accordance with 34 CFR 99.31 (a)(2) and 99.34.

 Signature of Parent, Guardian, Surrogate or Adult Student

 Date

 Printed Name of Above

 Relationship to Student

Revised May 2015