|  |
| --- |
| Bookshare only |
| As required by the Family Educational Rights and Privacy Act of 1974, we must obtain written parental consent before releasing or exchanging confidential records and/or verbal information with certain person or agencies outside of a school district. We are seeking your consent to release or exchange records for the following reasons:  We need additional information about your child in order to determine his or her eligibility for special services or programs offered by the school district.  􀂅We need additional information about your child in order to improve the services or programs we provide to him or her.  X  The person, agency or program listed below needs information from the school district in order to provide or arrange services for your child.  􀂅Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| The school district seeks to release or exchange the following types of information with the agency or program identified below: (P.I. refers to Parent/Guardian Initials)  P.I. P.I. P.I.  􀂅\_\_\_\_\_\_\_\_\_ Medical Evals 􀂅\_\_\_\_\_\_\_\_\_ Psychiatric Evals 􀂅\_\_\_\_\_\_\_\_\_Psychological Evaluation  􀂅\_\_\_\_\_\_\_\_\_ Academic Tests 􀂅\_\_\_\_\_\_\_\_\_ Discharge Summary 􀂅\_\_\_\_\_\_Other: Name, Eligibility, Birthdate  Please be aware that the school district is obligated to maintain any information released to it by another agency in a strictly confidential manner: ***\*Parent/Guardian must initial each approved area for release.*** |
| Person, Agency, or program with whom exchange or release is sought:  Name: www.bookshare.org City, ST, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I voluntarily give my permission for the school district to release or exchange information with the above named person, agency, or program for the purpose described. This authorization can be revoked at any time, except to the extent that action is already taken. Authorization expires 90 days from date of signing.  􀂅Records personally picked by the undersigned on this date.  Parent/Guardian/Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_  Witness Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ |