



BIG WALNUT LOCAL SCHOOLS | INSPIRE & GUIDE

PARENT/GUARDIAN/STUDENT CONSENT FOR RECORDS RELEASE*

Son/Daughter: _____ Reason for Request: _____ To aid in educational planning
Birthdate: _____ Other: _____

I hereby authorize the Big Walnut Local Board of Education to exchange pertinent information concerning the student named above with:

Name: _____ Phone: _____

Address: _____ Fax: _____

Specific data requested:

_____ All personally identifiable data

The following records only:

- | | |
|--|--|
| _____ Most recent Individual Education Plan | _____ Consultation reports |
| _____ Most recent Evaluation Team Report | _____ Observation reports |
| _____ Most recent psychological report | _____ Information concerning health issues |
| _____ Information concerning counseling sessions | _____ All psychological reports |
| _____ Other: _____ | |

*With the understanding that the district cannot assume responsibility for the confidentiality of education information disclosed, I authorize you to release educational information regarding the student named above in the manner indicated. Big Walnut Local Schools adheres to all regulations under the Federal Family Education Rights and Privacy Act regarding the privacy and accuracy of student records.) A photo static copy of this authorization shall be considered valid. This consent (unless expressly revoked earlier) is valid for one calendar year from which this release is signed.

This form has been fully explained to me and I certify that I understand its contents.

I expressly consent to the release of information designated above. I understand and acknowledge that this authorization extends to all or any part of the records designated above, which may include treatment for mental illness (ORC 5122.31), alcohol/drug use and/or abuse (42 CFR Part 2), and/or Human Immunodeficiency Virus (HIV/Acquired Immune Deficiency Syndrome (AIDS) test results or diagnoses (ORC 3701.24.3).

Signature Date Relationship to Student

Witness Date Student Date

SEND RECORDS TO:

Name: _____ Phone: _____

Address: _____ Fax: _____

FOR OFFICE USE ONLY

| | | | | | |
|---------------------|-------|-------|-------|----|-------|
| Date Data Requested | _____ | _____ | _____ | by | _____ |
| Date Data Release | _____ | _____ | _____ | by | _____ |
| Date Data Mailed | _____ | _____ | _____ | by | _____ |