CONSENT FOR RECORDS RELEASE*

Student's Name: _____ Student's Birthdate: _____

Reason for Request: ☐ To aid in educational planning ☐ Other: _____

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

Name: _____ Phone: _____

Address: _____ Fax: _____

City, ST ZIP: _____

Specific Data Requested:
☐ All personally identifiable information

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: _____   ☐ Medical

*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: _____

City, ST ZIP: _____

FOR OFFICE USE ONLY

Date Data Requested   _____ _____ _____ by: _____

Date Data Release   _____ _____ _____ by: _____

Date Data Mailed   _____ _____ _____ by: _____