Blaine County School District #61

# Authorization for Exchange of Confidential Student Information

Document Date:

| | | | |
|---|---|---|---|
| **Student's Name:** | **Sex:** | **District ID:** | **State ID:** |
| **Grade:** | **Birth Date:** | **Age:** | |
| **Native Language:** | **Ethnicity:** | | |
| **District:** Blaine County School District | **School:** | | |
| **Parent/ Guardian Name:** | **Parent's Native Language:** | | |
| **Address:** | **Home Phone:** | | |

**A. The names of parties authorized to exchange information:**

I authorize:_____ _____
**Name** **Title**

_____
**Organization**

_____ _____ _____ _____
**Address** **City** **State** **Zip**

(Check either box or both, as needed) ☐ **to release information to:** ☐ **to obtain information from:**

_____ _____
**Name** **Title**

_____
**Organization**

_____ _____ _____ _____
**Address** **City** **State** **Zip**

**B. The information to be released:**

- ☐ Official School Records
- ☐ Counseling Records
- ☐ Special Education Records
- ☐ Chemical Abuse/ Dependency Report
- ☐ Teacher, Counselor, Staff Observations
- ☐ Other: _____
- ☐ Health Record
- ☐ Psychological Records
- ☐ Medical Reports
- ☐ Transcripts
- ☐ Social Work Reports

**C. The purpose of this request:** _____

**D. Effective Date of Authorization:**

☐ expires after requested information is received ☐ other: _____(no more than 12 months)

By signing authorization, I understand that the parties named above are permitted to exchange written and verbal information regarding my child. The parties may also accept a photocopy of this release form and give it the same full force and effect as the original. I further understand that I may revoke this authorization in writing at any time by providing a copy of my revocation to the parties named above. The information used or disclosed under this release might be disclosed by the school district as an educational record, pursuant to FERPA, and might no longer be protected by HIPAA.

_____ _____
Parent, Personal Representative, or Adult Student's Signature Date