

# NEW PRAGUE AREA SCHOOLS CONSENT TO RELEASE PRIVATE DATA

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent Address \_\_\_\_\_

I authorize \_\_\_\_\_ on behalf of Independent School District # 721

School District Contact Person

School Address

City, State

Zip

**To release information to:**

**To obtain information from:** (Check either or both boxes as needed.)

Name (On behalf of School or Organization Listed Below)

Title

Organization or School Name

Telephone #

Fax #

Address

City

State

Zip

### Please release the following information:

- |  |   |
|--|---|
| <p><input type="checkbox"/> Official school records (name, address, birthdate, sex, attendance record, grade level, grades, Class rank, standardized group test results)</p> <p><input type="checkbox"/> Health Record</p> <p><input type="checkbox"/> Psychological Reports</p> <p><input type="checkbox"/> Special Education Records</p> <p><input type="checkbox"/> Teacher, Counselor and Staff Observations</p> <p><input type="checkbox"/> Other (specify) _____</p> | <p><input type="checkbox"/> Chemical Abuse / Dependency Report</p> <p><input type="checkbox"/> Medical Report</p> <p><input type="checkbox"/> Psychiatric Report</p> <p><input type="checkbox"/> Social Work Report</p> |
|--|---|

The purpose of the request: \_\_\_\_\_

*I understand that this authorization takes effect the day that I sign it, and expires no more than one year from the date of my signature. I also understand that I may change this authorization at any time. School records may be examined by parent(s), legal guardian(s), or student if student is age 18 or older. Upon receipt of records directly related to a student, the information becomes part of the student's educational record when maintained by the school district and may be disclosed pursuant to the Family Educational Rights and Privacy Act. (See 34 C.F.R Part 99) By signing below, I authorize representatives of both agencies noted above to share information related to the purpose of this request.*

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature or Student age 18 or older