

<School District Name>

FORM K
PARENT AUTHORIZATIONS FOR
RELEASE OF INFORMATION

School District abides by the limitations and regulations of the Family Educational Rights and Privacy Act (FERPA.)

To obtain a copy of this document, please call your school office.

STUDENT DETAILS:

STUDENT NAME		LEVEL	GRADE / YEAR	DATE
DATE OF BIRTH	SCHOOL			GENDER <input type="radio"/> Male <input type="radio"/> Female

Information requested: (*Note - Information to be released must be checked prior to obtaining consent.*)

- | | |
|---|---|
| <input type="radio"/> Demographic/social history | <input type="radio"/> Permission for special ed. Evaluation |
| <input type="radio"/> Discharge summary | <input type="radio"/> Permission for special ed. services |
| <input type="radio"/> Hearing/audiological exam results | <input type="radio"/> Physical therapy evaluation |
| <input type="radio"/> Individualized Education Program | <input type="radio"/> Psychological evaluation |
| <input type="radio"/> Individualized Family Service Plan | <input type="radio"/> Special ed. evaluation report |
| <input type="radio"/> Medical and developmental histories | <input type="radio"/> Special education eligibility report |
| <input type="radio"/> Medical diagnoses | <input type="radio"/> Speech-Language evaluation |
| <input type="radio"/> Occupational therapy evaluation | <input type="radio"/> Vision evaluation results |

Verbal communication: _____

Other: _____

CONFIRMATION

By my signature, I give consent for the information specified above to be released to School District from _____

Address: _____ Contact Number: _____

I understand that I may revoke this consent at any time and that my consent will automatically expire one year from the date that I sign this form. I understand that this information will only be disclosed to School District personnel who have a reason to access it for the purposes of record keeping and/or for determining this child's educational needs

CHILD / PARENT / GUARDIAN / CHILD (If age of majority)

SIGNATURE

DATE