



# AUTHORIZATION TO RELEASE CONFIDENTIAL STUDENT INFORMATION

Student Full Name (Please Print): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_ School: \_\_\_\_\_

I authorize the persons or agencies listed below to release confidential records, medical, health and educational information and/or other confidential student information (as identified below) for the above student.

## PERSON/AGENCY RELEASING RECORDS (PLEASE PRINT):

Name/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## THESE RECORDS MAY BE FORWARDED TO (PLEASE PRINT):

Name/Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Release of student information will be reciprocal between persons/agencies listed above (Please check box).

I understand that signing this authorization is voluntary and may be revoked at any time by providing a written notice to Fulton County School System. The withdrawal of this authorization does not affect any student information disclosed prior to this written notice.

This authorization expires: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(insert applicable date or if blank, consent expires 12 months from date signed on this release)

### The following information will be released/exchanged (Check All That Apply):

#### EDUCATIONAL RECORDS

- All Student Educational Records
  - Enrollment
  - Withdrawal
  - Attendance
  - Behavior
  - Grades/Progress reports
  - Immunization
  - Official Transcript
  - Student Intervention Team records/minutes/plans
  - Other: \_\_\_\_\_

#### SPECIAL EDUCATION RECORDS

- All Special Education Evaluation and Records
  - Educational Evaluation/Student Achievement
  - IEP Meeting Minutes
  - Individualized Education Plans (IEP)
  - Consent for Placement
  - Consent for Evaluation
  - Adaptive Behavior reports or checklists
  - Behavioral reports or checklists
  - Transition Plan
  - Eligibility Report for all Categories of Disability
  - Developmental/Social/Behavioral History
  - Other: \_\_\_\_\_
  - Other: \_\_\_\_\_

#### SPECIALIZED EVALUATIONS AND RECORDS

- All Specialized Evaluation and Records
  - Psychological
  - Neuropsychological
  - Treatment Plan/Recommendations
  - Occupational Therapy
  - Physical Therapy
  - Speech/Language
  - Vision
  - Hearing
  - Otological
  - Audiological
  - Other: \_\_\_\_\_

#### MEDICAL EVALUATION AND RECORDS

- All Medical Records
  - Psychiatric
  - Diagnoses
  - Medications
  - Educational Impact Summary
  - Discharge Summary
  - Outpatient Treatment Plan
  - Other: \_\_\_\_\_
  - Other: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_