

BELLEVUE SCHOOL DISTRICT
Bellevue, Washington
AUTHORIZATION FOR RELEASE OF RECORDS/INFORMATION

Student: _____ Birthdate: _____ Grade _____
 School: _____ Student No. _____

PURPOSE OF AUTHORIZATION FOR THE RELEASE OF RECORDS: As a parent or guardian you have the right to give permission or not give permission for the exchange of your child's records with other persons or agencies. This request provides you with the opportunity to approve or not approve such a request unless release of records is allowed under one of the exceptions under the rules implementing the Federal Family Education Rights and Privacy Act (for example, transfer of records from one school district to another).

I hereby authorize the mutual exchange of confidential information and the release of records among and between the Bellevue School District and the person(s) or agency listed below:

To/From: <u>Boys & Girls Club Bellevue</u> <i>(Name of agency/person)</i> <u>14310 SE 12th ST</u> <i>Street Address</i> <u>Bellevue, WA 98007</u> <i>City, State, Zip</i> <u>425-454-6162</u> <i>Phone number/Fax number</i>	From/To: <u>Lake Hills Elementary</u> <i>(District employee/title and school or department)</i> <u>14310 SE 12th ST</u> <i>Street Address</i> <u>Bellevue, WA 98007</u> <i>City, State, Zip</i> <u>425-456-5312</u> <i>Phone number/Fax number</i>
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Check all record types to be released:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Health/medical records | <input type="checkbox"/> Psychological and counseling records |
| <input type="checkbox"/> Special education records | <input checked="" type="checkbox"/> Transcripts |
| <input type="checkbox"/> Other (specify): _____ | |

The reason for disclosing the record(s) is: To support and enhance student success.

I understand that the information obtained by the Bellevue School District will be treated in a confidential manner under the provisions of the Family Education Rights and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances. Please note that if the request is for health or medical information, the medical information received by the District is protected under FERPA privacy standards and not the Health Insurance Portability and Accountability Act (HIPAA).

Note: Is effective September 2011 through September 2012

I understand that my consent for the release of records is voluntary, and I can withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under the prior consent for release.

 Parent/guardian signature _____
 Date

 Street address _____
 City, State, Zip