

Harvey County Special Education Cooperative

Newton USD 373 Halstead USD 440 Hesston USD 460

Sherri Buss Rawlins, Director

AUTHORIZATION FOR TWO-WAY RELEASE OF INFORMATION

All student information is confidential. The Family Educational Rights and Privacy Act (FERPA) requires parent consent prior to disclosure of any confidential information.

I hereby authorize _____
Agency to Release/Receive Information Address

to disclose or deliver to _____
Agency to Receive/Release Information Address

the following information from the records of _____
Name Date of Birth

- ___ Psychological and/or educational testing information
- ___ Speech and language testing information
- ___ Audiological testing information
- ___ Staffing report and/or Individual Educational Plan (IEP)
- ___ Medical findings and reports
- ___ Social and developmental history
- ___ Attend Individual Educational Plan (IEP) and/or Transition meetings
- ___ Other (please specify) _____

The following is the stated purpose or need for such disclosure:

As parent/guardian, I further request the following disposition and/or maintenance of the receiving agency:

- ___ The information may be maintained as part of the student's record and released to any subsequent school district which will be a service provider.
- ___ The information shall be destroyed after use.
- ___ Other (please specify) _____

THIS RELEASE IS AUTHORIZED FOR THE CURRENT SCHOOL YEAR.

Date

Parent or Legal Guardian

Date

Parent or Legal Guardian

10/07 jj