Authorization to Release School Records/ Exchange Information – College/University

_____authorizes the release of the school records/exchange of (Name of Parent/Guardian or student 18 years or older) information for:

Last Name of Student	First Name	Middle Name/Initial	Date of Birth

FROM: (circle one or both)

_____ Highland Park High School
433 Vine Avenue
Highland Park, IL 60035
Phone: 224-765-2338
FAX: 224-765-2711

_____ Deerfield High School
1959 N. Waukegan Road
Deerfield, IL 60015
Phone: 224-632-3310
FAX: 224-632-3707

TO:

Name ____Requested college/university_____
Address _____- as listed on individual Sp. Ed. Records Request Form___
_____
Phone _____
E-MAIL _____

My signature authorizes the release/exchange of the following records/information:

____ Transcript of subjects, grades & test records, & other school progress reports
____ Attendance Records
____ Discipline records (including suspensions & expulsions)
____ Health & Immunization records
____ Medication information
__X__ IEP (Individual Education Program); Goal updates; Progress reports
__X__ Social Developmental Study
__X__ Psychological, Educational, other diagnostic information
__X__ Other related/support service (i.e.: Counseling , Psych, Soc. Work, SLP, OT, PT, etc…) evaluations/progress
____ Psychiatric, neurological, other medical evaluations or running records
__X__ Exchange information through e-mail correspondence or conversation
____ Other: _____

I understand that the information obtained 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 by a school district and not the Health Insurance Portability and Accountability Act (HIPAA).

I understand that my consent is voluntary and can be withdrawn at any time in writing.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. Unless withdrawn in writing, this consent will expire on June 30, 2014.

_____ _____
Parent/Guardian Signature Date

_____ _____
Student Signature (Required if student is 18 yrs. older) Date