



**PLEASE SEND REQUESTED INFORMATION TO:**

I certify that the information provided will not be transferred to any other person/agency without the written consent of the parents/legal guardian.

School: \_\_\_\_\_ School Contact: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

**REQUEST FOR RELEASE OF STUDENT INFORMATION/RECORDS**

You are authorized to release the records listed BELOW for the named student. This information will be used to aid in present and future educational decisions. \*\*\*If fees owed, please notify\*\*\*

Student's Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
(Number/Street/City/State/Zip)  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_\_  
Last School of Attendance (or Agency): \_\_\_\_\_  
School/Agency Address: \_\_\_\_\_  
(Number/Street/City/State/Zip)  
School/Agency Phone: \_\_\_\_\_ School/Agency Fax: \_\_\_\_\_ District IRN # \_\_\_\_\_

**REQUESTED INFORMATION: \*Building Use**

_____ Last Grade Card	_____ Date of Withdrawal
_____ Withdrawal Grades	_____ Attendance Record
_____ Complete Grade Transcript	_____ Health/Immunization Record
_____ Discipline Records	_____ Copy of Birth Certificate
_____ Behavior Plan	_____ Copy of Parent's/Guardian's ID
_____ Special Education Records *Most current IEP/ETR	_____ Copy of Custody Papers
_____ Test Scores (ALL State/National Standardized Test Scores)	_____ RIMP (reading improvement plan)
_____ Intervention Plan	_____ Other: _____

**CONFIDENTIAL INFORMATION: \* Special Education Department Use:**

_____ Psychological Reports	_____ Educational Testing/ETR
_____ Individualized Education Program (IEP)	_____ Observation Reports
_____ Medical / Health Records	_____ Consultation Reports
_____ Diagnosis	_____ Other: _____
_____ _____	_____ _____
_____ _____	_____ _____

Is student currently under Suspension or Expulsion? \_\_\_\_\_ YES \_\_\_\_\_ NO

**AUTHORIZATION OF RECORDS DISCLAIMER:**

I authorize you to release educational information regarding the student named above. Lancaster City Schools adheres to all regulations under the Federal Family Educational Rights and Privacy Act (FFRPA) regarding the privacy and accuracy of student records and will comply with any Health Insurance Portability And Accountability Act (HIPAA) regulations that receiving agencies may have to comply. A copy of this authorization shall be considered valid. This consent (unless expressly revoked earlier) is valid for one calendar year from the date it was signed.

This form has been fully explained to me and I certify that I understand its contents. I expressly consent to the release of information designated above. I understand and acknowledge that this authorization extends to all or any part of the records designated above.

Release Information to Lancaster City Schools  Share Information with Lancaster City Schools.

Signature of Parent/Guardian/Student\* (\*Student must be 18 years or older) \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY: requested by:  Fax  Mail on \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_\_