

AUTHORIZATION FOR RELEASE OF RECORDS

PURPOSE OF AUTHORIZATION FOR THE RELEASE OF RECORDS: As a parent/guardian/adult student you have the right to give permission or not give permission for the release of student 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 Education Rights and Privacy Acts (for example, transfer of records from one school district to another). It also provides you the opportunity to talk with the school district and ask for an explanation as to why the information is being requested and by whom.

Student Name:	Birthdate:	Date:
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School:	District:
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I hereby authorize the release of records:

FROM:

Name of agency/person:

Street Address:

City, State, Zip code:

TO:

Name of agency/person: Everett High School Attn: School Psychologist

Street Address: 2416 Colby Ave

City, State, Zip code: Everett, WA 98201	Phone #: 425-385-4424	Fax #: 425-385-4402
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DESCRIBE RECORDS TO BE DISCLOSED:

<input type="checkbox"/> Health Records	<input type="checkbox"/> Psychological and counseling records
<input type="checkbox"/> Special Education Records	<input type="checkbox"/> Transcripts
<input type="checkbox"/> Other:	

The reason for disclosing the record(s) is:

Student has transferred to Everett High School and complete records are required for appropriate program.

I understand that the following information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission.

Signature of parent/guardian/adult student:	Date:
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Street Address:	City, State, Zip code
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Dear parent/guardian, and student,

In order to speed up the process of enrolling you at Everett High School, it is necessary for us to obtain complete records from your previous school. This is especially important if you have been on an IEP or received special services and accommodations, had a 504 plan, or were in the process of being evaluated for special services. We cannot place you in the appropriate classes unless we have the most current and accurate information regarding your former placement. Without current and accurate information, appropriate placement may be delayed. On the enrollment form, please be sure you have checked all of the boxes that indicate all of the previous services you have received.

Please complete the reverse of this form and return it with the enrollment packet. At the From: heading near the top of the form please be sure to provide the name of your previous school and district, indicating which city and state and providing the area code and phone number so that we may call them for information. Parent/Guardian signature is required along with address information at the bottom of the form. This will assist us as we request records from your previous school.

Thank you.