Support Services Department
121 Whitesell St. N.E. Orting WA 98360
(360) 893-6500 Extension 234

PURPOSE: As a parent, guardian or student, you have the right to give permission or not give permission for the release 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 Family Education Rights and Privacy Act, FERPA, (for example, transfer of records from one school district to another).

AUTHORIZATION FOR RELEASE OF RECORDS

Student name:		Date:		
Student DOB:			School Placement	OPS PTR OMS OHS

I hereby authorize the release of records:

From:		To:	Orting School District #344
(Name of agency/contact)			Attn: Special Education & Support Services
			121 Whitesell St. N.E.
Mailing Address			Orting, WA 98360
			Phone: 360-893-6500 x 241
City, State, Zip			**FAX: 360-893-4367**
FAX:			Attn:
PHONE:			

Describe the records to be disclosed:

The reason for disclosing the record(s) is:
Proper student placement and academic planning.

I understand that this information obtained will be treated in a confidential manner by the school district 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).

This authorization is valid from _____ to _____
Note: For release of medical records, the authorization can be no longer than 90 days after this authorization is signed.

I understand that my consent for the release of records is voluntary and I can withdraw my consent at anytime 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 or Student Signature Date