Board File: JRA/JRC-E1

AUTHORIZATION TO RELEASE STUDENT RECORDS TO THIRD PARTIES

Student Name: _____ Date: _____
Date of Birth: _____

I hereby authorize Douglas County Public Schools to: (Check one only)

☐ Obtain Information from:

☐ Release Information to:

Agency: _____
Attention: _____
Street Address: _____
City, State, Zip _____
Phone Number: _____ Fax Number: _____

NOTE: ***Upon a parent/guardian/eligible student's request, the School District shall provide one copy of the student's education record(s) within a reasonable time at the cost of $.25 per page.***

Please include the following information:

_____ Official administrative record (name, address, birth certificate, grade level completed, grades, grading scale, credits earned, attendance, discipline)
_____ Transcripts
_____ Standardized test data
_____ Attendance records
_____ Discipline records
_____ Health/Medical records
_____ Special education records
  _____ All IEP documents
  _____ Individual teachers' records
  _____ Service providers' records (e.g. occupational therapists, physical therapists, psychologists)
  _____ Tapes of meetings
_____ Other (please specify) _____

These records are to be released for the following purpose(s):

_____

_____

I understand that the information to be released may include material that is protected by state and/or federal law. My signature verifies that I am legally entitled to review and receive all such information.

_____
Signature (Parent or guardian of student, or student if aged 18 or over)
Street Address: _____
City, State, Zip: _____
Phone Number: _____
Fax Number: _____
Email Address: _____

Douglas County School District Re.1, Castle rock, Colorado ©DCSD 9/20/2009

For Office Use Only: Date Requested received: _____ Received by: _____
Date Records Provided: _____ Provider's Name: _____