

HIGHLAND SCHOOL DISTRICT 203
AUTHORIZATION FOR MUTUAL EXCHANGE OF CONFIDENTIAL INFORMATION

SCHOOL: _____ YEAR: _____

STUDENT: _____
DOB: _____ AGE: _____ GRADE/CLASS: _____
PARENT/GUARDIAN (PRINT): _____

From: _____ (Name of agency/person)	To: _____ (Name of agency/person)
_____ Position/Title/Credentials	_____ Position/Title/Credentials
_____ Street Address	_____ Street Address
_____ City, State, Zip	_____ City, State, Zip

Describe records to be disclosed: *(Check all appropriate)*

Health records Psychological and counseling records Special education records

Transcripts Other (specify): _____

Note: If not previously revoked, this authorization expires on the last day of the current school year: _____, unless otherwise specified as below:

This authorization is valid from ____/____/____ to ____/____/____

The reason for disclosing records is: Emergency and Individualized Care Planning at School.

Traducción al español al dorso del formulario

I certify that I am the parent, legal guardian, or other person in legal control of the above identified student and hereby authorize the mutual exchange of confidential information/records with the agency/person(s) listed in the section above.

I understand that the 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).

I understand that my consent for release of records is voluntary and I can withdraw my consent at any time in writing. Should I withdraw consent, it does not apply to information that has already been provided under the prior consent for release.

Parent/Guardian Signature Date Home Phone / Emergency phone

In accordance with the requirements of the Family Education Rights and Privacy Act of 1974, information sent or received by the Public Schools may not be shared with any other party without the written consent of parents or guardian or the student if eighteen years of age or older. However, permission is not required when transferring records to a student's new school.

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Certifico que soy el padre, tutor legal u otra persona en control legal del estudiante identificado anteriormente y por la presente autorizo el intercambio mutuo de información/registros confidenciales con la(s) agencia(s) mencionada(s) en la sección anterior.

Entiendo que la información obtenida será tratada de manera confidencial por el distrito escolar bajo las disposiciones de la Ley de Privacidad y Derechos Educativos de la Familia (FERPA). FERPA prohíbe la divulgación de información de identificación personal sin consentimiento, excepto en circunstancias limitadas. Tenga en cuenta que si la solicitud es para información médica o de salud, la información médica recibida por el distrito está protegida por los estándares de privacidad de FERPA por un distrito escolar y no por la Ley de Portabilidad y Responsabilidad de Seguros Médicos (HIPAA).

Entiendo que mi consentimiento para la divulgación de registros es voluntario y puedo retirar mi consentimiento en cualquier momento por escrito. Si retiro el consentimiento, no se aplica a la información que ya se ha proporcionado bajo el consentimiento previo para la divulgación.

De acuerdo con los requisitos de la Ley de Derechos de Educación Familiar y Privacidad de 1974, la información enviada o recibida por las Escuelas Públicas no pueden ser compartidas con ninguna otra parte sin el consentimiento escrito de los padres o guardianes o el estudiante si tiene dieciocho años de edad o más. Sin embargo, no se requiere permiso al transferir registros a la nueva escuela de un estudiante.

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