

BOONE CLINTON JOINT SERVICES
RELEASE OF EDUCATIONAL AND MEDICAL RECORDS

Student's Name _____ Birthdate _____
Address _____ Phone Number _____
Present School Attending _____ Program Placement _____

This Release of Educational and Medical Records is used to obtain records from other schools, educational providers, medical providers or agencies. The parent or guardian should check the appropriate boxes, sign, date and return the form to begin the release.

STEP 1 – CHECK REASON(S) FOR RELEASE: The student information is being released to:

- | | |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Assist with the implementation of the education program | <input type="checkbox"/> Provide previous educational records |
| <input type="checkbox"/> Facilitate communication with persons involved with the student | <input type="checkbox"/> Obtain Medical or Mental Health records |
| <input type="checkbox"/> Other: _____ | |

STEP 2 – RECORDS TO BE RELEASED: The following will be released and this release is valid until no later than one year from the date of the consent or it will end on _____ (indicate a specific date).

- All records and information which exist, either verbal or written, may be released.
- Only these specific records may be released, either verbal or written : (*check all that apply*)
- Psychological Reports, Case Conference Summaries, and Individual Educational Plan
 - Educational data such as teacher reports, conference reports, instructional objectives, and Individual Education Plan
 - Medical and health information and records (which include but are not limited to school nurse records)
 - Social and emotional information and records (which include but are not limited to counselor/social work reports, Psychiatric evaluations, Hospital admission/discharge or therapy notes, reports, and discharge summary)
 - Cumulative school records (which include but are not limited to scholastic records or grades, standardized test results, attendance records, and school nurse records)
 - Other school records (List specific information to be released.) _____

STEP 3 – RELEASE RECORDS TO WHOM: This individual's records may be released or obtained by the following:

FROM: Person/Organization _____	TO: Person/Organization _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Telephone/Fax _____	Telephone/Fax _____

STEP 4 – PARENT/GUARDIAN APPROVAL: Check, sign and date the Release.

I, parent/guardian of the individual indicated above, authorize Boone Clinton Joint Services to release/disclose/obtain/exchange confidential records and information to or from the person(s) or organization designated on this Release. I understand that I may request a copy if any records received or released and have the right to challenge the contents of any school records, as provided by the Family Educational Rights and Privacy Act of 1974. I understand this disclosure of confidential information pursuant to this release can no longer assure how the recipient will use the records.

This Release is subject to revocation at any time except to the extent where records have already been disclosed. The release is valid for one year from the date signed or until the date indicated in Step 2.

- I agree to the above indicated release of information and records.
OR
- I do not give my permission for the release of any information to or from the Boone-Clinton-North West Hendricks Joint Services Cooperative.

NOTICE TO RECIPIENT OF RECORDS: This information is being disclosed to you from records protected by confidentiality rules. The federal and state rules prohibit you from making any further disclosure of this information unless written consent is obtained from the parent/guardian/student.

Signature _____ Date _____