

**Authorization to Release School Records and  
Consent for Use of Information**

**1) Name and Address of School, Individual or Agency to Release Information:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**2) Student Information:**

Student Name (full legal name) \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Current Grade \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

**3) Records are to be released to:**  *EWS Team*     *SRO*     *Other* \_\_\_\_\_

**4) Records to be Released:** \_\_\_\_\_ All records needed (including but not limited to all items below.)

_____ Transcript of subjects, grades & test records	_____ IEP (Individual Education Plan)
_____ Attendance records	_____ Health & immunization records
_____ Evaluation Team Report (must be sent with all IEPs)	_____ Psychological Reports
_____ Discipline records (including suspensions & expulsions)	_____ On-going communication
_____ Standardized Test Scores	_____ Intelligence Test Scores
_____ Other _____	

**5) Purposes for which records may be used:**

Assessment     Coordination of Services     EWS Team Intervention     Other (Specify) \_\_\_\_\_

I hereby authorize the release of the above-referenced records for the purpose of assessment, evaluation, intervention and coordination of services by the Early Warning System Team only. It is my understanding that any information received by the Early Warning System Team will not be further released without my written consent and that the Early Warning System Team members will take all necessary steps to protect the confidentiality of the records and of my child's/ward's/my identity. I understand that the information released may be copied and used only by the Early Warning System Team. By signing below, I acknowledge that I have been informed of my rights to refuse to sign this form, and any conditions related to my consent or refusal, and that I am entitled to receive a copy of the signed form. I further understand that I may revoke this consent at any time. I understand that this authorization will expire at the end of the current school year.

I do not consent to the release of any information.

**Parent/Guardian Signature:** \_\_\_\_\_ **Printed Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature (if 18 or older):** \_\_\_\_\_ **Printed Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_ **Witness Printed Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For School Use Only:**

Date Requested: \_\_\_\_\_ Initials: \_\_\_\_\_ Date Sent: \_\_\_\_\_ Initials: \_\_\_\_\_

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_

**Revocation of consent** \_\_\_\_\_  
(Parent/Guardian/Student signature) (Date)