

KLEIN INDEPENDENT SCHOOL DISTRICT NOTICE FOR RELEASE/CONSENT TO REQUEST CONFIDENTIAL INFORMATION

Student's Name: _____

DOB: _____

School: _____

We are requesting that you authorize Klein ISD (or its agent) to speak with the party specified regarding the above-named student and the release or request of specified records containing confidential information regarding the above-named student.

KLEIN I.S.D. HAS PERMISSION TO RELEASE INFORMATION TO:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

KLEIN I.S.D. HAS PERMISSION TO REQUEST INFORMATION FROM:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

RECORDS REQUESTED

All Educational Records

Transcript & Immunizations

Academic Assessments

Psychological Assessment

Comprehensive Assessment

Speech/Language Assessment

Vocational Assessment

OT/PT Assessments

Medical Reports

IARD/EP Reports

Individual Translation Plans

Other: _____

PURPOSE OF DISCLOSURE:

Health Planning Educational Planning Student Transfer Other:

If you wish to have more information or if you have any questions, please contact the following staff person:

Name: _____ Phone: _____

Yes No I have been fully informed and understand the school's request for release of the student's records as described above. This information will be released upon receipt of my written request.

Yes No I understand that my consent is voluntary and may be revoked in writing at any time. Otherwise, this release is valid for one year from the date of the signature.

Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in their native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of the child or the provisions of a free appropriate public education.

Signature of Parent, Guardian, Surrogate Parent, or Adult Student _____ Date: _____

Signature of Interpreter, if used _____ Date: _____

Please return to: Name
City/State/Zip

Date Mailed/Sent:

Address

Release 1/2

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