

Jefferson County ESD

PERMISSION TO EXCHANGE INFORMATION

Date: _____

Dear _____
(parent, legal guardian or student - 18 years or older)

The Jefferson County School District would like permission to exchange confidential information regarding:

Student's Legal Name

Birthdate

Current School/Grade

Confidential information will be released and/or exchanged between:

School or agency (if appropriate)

Jefferson County ESD

Name _____

Name _____

Address _____

Address _____

City State Zip

City State Zip

Consent

In understand that the information to be released/exchanged may include:

_____ PROGRESS RECORDS: Transcripts of grades and courses, attendance records, tests relating specifically to achievement or measurement of performance ability, and health records.

_____ BEHAVIORAL RECORD: Psychological (intelligence) tests, personality evaluations, records of conversations and written transcripts of incidents relating specifically to student behavior.

_____ SPECIAL EDUCATION RECORDS: Any IEPs, progress of behavioral records relating to the provision of Special Education and medical records.

_____ OTHER: (MDT evaluations, agency reports, etc.): _____

I further understand that confidential information will not be shared with agencies or individuals without my written permission. My consent is voluntary and unless revoked shall stand as valid for one year from the date of my signature.

_____ Yes, I give consent _____
Signature Date

_____ No, I do not consent _____
Relationship to Student (self, if 18 or older) Date

Please return this form to: _____ at _____.