

ECLC (p) 660-269-2693 (f) 660-269-2602
SP (p) 660-269-2640 (f) 660-269-2695
NP (p) 660-269-2630 (f) 660-269-8094
GBE (p) 660-269-2670 (f) 660-269-8093
MMS (p) 660-269-2680 (f) 660-269-8519
MHS (p) 660-269-2660 (f) 660-263-5977
NCRS (p) 660-269-8800 (f) 660-269-8576
MATC (p) 660-269-2690 (f) 660-269-2692

Moberly School District
**Consent for Release of Records & Information/
Mutual Exchange of Records & Information**

Date:

Student's Name: Date of Birth:

Grade: Case Manager for Student (if applicable):

I (we), the undersigned, do hereby authorize the release of records and information/mutual exchange of records and information regarding the above-named student between the Moberly School District and the school district, agency – public or private, firm, physician, clinic, hospital, and/or institution - public or private listed below:

Name:

Address:

Phone: Fax:

The length of this authorization is specified below:

- Authorization is for one time only
 Authorization is for a limited period of time until: _____
 Authorization is for one (1) calendar year; to .

We request release/mutual exchange of the following information:

- Cumulative Permanent School Records
 Educational Evaluations, Psychological Reports
 Health/Medical Records
 Special Education Records, Including, but not Limited to: Current IEP, IEP Addendums, Evaluation Report, Consent for Initial Placement, Consent for Initial Evaluation and/or Reevaluation, etc.
 Section 504 Records, Including, but not Limited to: Current Section 504 Accommodation Plan, Evaluation Report, etc.
 Other (Specify):

This information is requested for the following reason(s) (Information exchanged may only be used for the purpose for which it was released):

- Transfer of Student to this/Another District
 New Enrollment/Reenrollment
 Hospitalization
 Contractual Placement
 To Determine Existence and Nature of a Potential Disabling Condition
 Other (Specify):

By signing below, I (we) certify that I (we) am (are) the parent/legal guardian/person acting in the role of parent of the above-named student or that I (we) am (are) the student of majority age (18) and have the authority to sign this release. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I recognize that these records, once received by the school district may not be protected by the HIPPA Privacy Rule, but will become education records protected by FERPA. I (we) hereby release any person, school district, agency – public or private, firm, physician, clinic, hospital, and/or institution - public or private from any liability for information and/or records furnished pursuant to this authorization. The information that is to be shared has been discussed with me (us).

(Parent/Guardian/Person Acting in the Role of Parent Signature)

(Date)

Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Specified officials for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- To comply with a judicial order or lawfully issued subpoena;
- Appropriate officials in cases of health and safety emergencies; and
- State and local authorities, within a juvenile justice system, pursuant to specific State law.

MOBERLY SCHOOL DISTRICT

926 KWIX Road

MOBERLY, MISSOURI 65270

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