

Riverside Local School District
AUTHORIZATION FOR RELEASE OF RECORDS/INFORMATION

Please note that, when submitted, this authorization form will become a part of the student's permanent school record in accordance with the Family Educational Rights and Privacy Act of 1974 and Board of Education policy.

Student's Full Name: _____ Birth Date: _____

Release Records FROM: Person/Agency _____

Full Address _____ Phone # _____

The above person/agency is authorized to release the records listed below:

_____ **ALL of the following is available;** or (check selected items)

- _____ Academic grades
- _____ Attendance data
- _____ Discipline information
- _____ Group administered achievement/aptitude test scores
- _____ Individually administered achievement/aptitude test scores
- _____ Health data and/or medical reports
- _____ Psychological reports
- _____ Speech, language, and/or hearing evaluations
- _____ I.E.P.'s / M.F.E.'s
- _____ Other (specify) _____

Reason for request (check one): _____ To aid in present and future educational decisions

_____ Other (please explain): _____

Release Records TO: Person/Agency _____

Full Address _____ Phone# _____

Or FAX TO:

I hereby grant permission for the release of the information checked above between the two parties listed.

(PRINTED name of Parent/Guardian/Student over 18)

SIGNATURE name of Parent/Guardian/Student over 18)

Date of Authorization: _____

FOR SCHOOL USE ONLY

Date Received: _____

Received By: _____

Date Records Released: _____

Released By: _____