



Christan Schrader - Director

**AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_,  parent  legal guardian  surrogate parent  student (over 18),

authorize **Black Hawk Area Special Education District** to exchange records checked below, regarding,

SCHOOL

\_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, with \_\_\_\_\_

STUDENT

BIRTHDATE

\_\_\_\_\_, \_\_\_\_\_

NAME & TITLE

PHONE

\_\_\_\_\_, \_\_\_\_\_

AGENCY, STREET ADDRESS, CITY, STATE, ZIP CODE

for the purpose of \_\_\_\_\_

*NOTE: Non-public school agencies, private providers and such that do not accept this form, must provide their own.*

**RECORDS TO BE EXCHANGED**

I authorize the exchange of all school student records.

I authorize the release of the following student records, as designated below:

- Academic Transcript  Psychiatric  Social/Behavioral Records
- Attendance Records  Psychological  Special Education Records/IEP
- Audiology, Speech, Physical or Occupational Therapy Evaluations/Reports
- Disciplinary Information
- Educational Evaluation & Reports
- Medical/Health Records
- Other: \_\_\_\_\_

This consent is valid until \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

I understand that I have the right to inspect, copy, and challenge the content of the school student records for which I am authorizing exchange. I also have the right to designate the school student records to be exchanged or to identify specific portions of a school record to be exchanged by this consent. Any such limitations have been noted above. I understand that, by written request, I may revoke this consent at any time except to the extent to which action has already been taken on this authorization.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT SIGNATURE (if age 12 or older)

\_\_\_\_\_  
DATE