



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/information checked below,
regarding,

SCHOOL	_____	
STUDENT	_____/_____/_____	BIRTHDATE
_____		with _____
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/INFORMATION TO BE EXCHANGED

I authorize the exchange of all school student records and information.

I authorize the release of the following student records, as designated below. Records can be exchanged verbally or in written form.

- | | | |
|--|--|--|
| <input type="checkbox"/> Academic Transcript | <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Social/Behavioral |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Psychological | <input type="checkbox"/> Special Education/IEP |
| <input type="checkbox"/> Audiology, Speech, Physical or Occupational Therapy Evaluations/Reports | | |
| <input type="checkbox"/> Disciplinary Information | | |
| <input type="checkbox"/> Educational Evaluation & Reports | | |
| <input type="checkbox"/> Medical/Health | | |
| <input type="checkbox"/> 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/information for which I am authorizing exchange. I also have the right to designate the school student records/information to be exchanged or to identify specific portions of a school record/information 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