



Student Services Office

SAHUARITA UNIFIED SCHOOL DISTRICT NO. 30

350 W. Sahuarita Road

Sahuarita, AZ 85629

Phone: (520) 625-3502 ext. _____

Fax: _____

STUDENT RECORDS REQUEST/RELEASE OF INFORMATION

The Federal *Family Educational Rights and Privacy Act (FERPA)*, and Arizona Law, provide that the written consent of the parent/guardian/eligible student IS NOT REQUIRED to release educational records to officials of other schools or school system in which the student seeks or intends to enroll. Written consent IS REQUIRED of a parent/guardian/eligible student when a request for student records involves non-school individuals, agencies, or institutions.

Date of Request: _____

STUDENT RECORDS / INFORMATION IS REQUESTED FOR: *(please forward a copy of request to appropriate department)*

Student record information is requested for use in providing appropriate educational services, and programs. We are requesting records / information on the following student:

Student: _____ Birthdate: _____ Grade: _____

RECORDS / INFORMATION IS REQUESTED FROM:

School _____

Agency or Non-school Individual _____ Title/Position _____
(Written Consent Required – see below)

Address _____ Telephone _____ Fax _____

City _____ State _____ Zip Code _____

TYPE OF INFORMATION REQUESTED:

- Permanent Record Data
- Health Data
- General Cumulative Data
- English Proficiency Records (include most current assessment results, and any withdrawal/reclassification notices)
- Verbal Communication between non-school individual/agency. per parent written consent indicated below)
- Specialized Student Data – including reports from other agencies
- Special Education Records – (Include IEP, Psych. Evaluation, Speech Evaluation, OT/PT Evaluations, MET Report, Eligibility Form, Placement Statement)**

RECORDS / INFORMATION ARE TO BE RELEASED TO:

Name _____ Title/Position/Agency _____

Address **350 W. Sahuarita Road** _____ Fax _____

City **Sahuarita** _____ State **AZ** _____ Zip Code **85629** _____

WRITTEN CONSENT: Required if records / information requested or released involve non-school individuals, agencies, or institutions.

Not applicable - Educational records are being released to school system in which student intends to enroll or has enrolled.

I give consent to the release of indicated records/information to the individual/party listed above.

I give consent for Verbal Communication between non-school individual/agency and school official as indicated above, for the purpose of (i.e.; continuity of care) _____ through (date) _____

Parent/Guardian Signature

Date