SAHUARITA UNIFIED SCHOOL DISTRICT NO. 30
350 W. Sahuarita Road
Sahuarita, AZ 85629
Phone: (520) 625-3502 ext. _____
Fax**: _____

Student Services Office

REQUEST/RELEASE OF RECORDS/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 ARE 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)

Address_____Telephone_____ Fax_____

City_____State_____ Zip Code_____

TYPE OF INFORMATION REQUESTED:

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

RECORDS / INFORMATION ARE TO BE RELEASED TO:

Name_____ Title/Position_____

Address _____Fax _____

City_____State_____Zip Code _____

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