Robertson County Special Services

Notice for Release/Consent to Request Confidential Information Date processed:_____

Student Name:_____ School Name:_____

Date of Birth:_____ Gender:_____ Grade:_____ Ethnicity:_____

☐ Explanation of Procedural Safeguards has been provided with this form.

We are asking that you authorize the school district, person(s) and/or agency (ies) named below to disclose to each other confidential information regarding the above named student.

Name and Position of School Staff: Name and Position of Contact Person:

_____ _____

Robertson County Special Services Agency:_____

704 Wheelock St. Address:_____

Hearne, TX 77859 _____

979-279-3507 Fax: 979-279-8040 Phone:_____ Fax:_____

Records to be released/requested or AT device to be transferred: Medical records, FIE, Educational Achievement, Social History, IQ scores, Psychological Evaluations, TAKS/STAAR Report, ARDSs and IEPs, Speech and Related Service Evaluations, Vocational Assessments, Transition Information

Purpose of Disclosure/Transfer: Appropriate programming and placement

Please check all 4 appropriate boxes below:

☐Yes ☐No I have been fully informed and understand the school's request for my consent, as described above. This Information/AT device(s) will be released/requested upon receipt of my written consent.

☐Yes ☐No I understand that my consent is voluntary and may be revoked at any time.

☐Yes ☐No I understand that I will be notified in writing of each release of educationally related information or AT device(s).[1]

☐Yes ☐No I understand that this release will expire one year from the date it is signed.

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication at least once a year. Please contact Brian Hemphill at (979) 279-3507 if you have any questions or need names of other individuals to assist you in understanding this document or your Procedural Safeguards.

_____ _____

Parent, Guardian, Surrogate Parent, or Adult Student[2] Date signed

_____

Signature of Interpreter, if used

New Address:_____

Please return this form to:_____ at:_____ as soon as possible.

[1]Required only when a school district does not include in its policy a notice that education records are forwarded to other agencies or institutions that have requested the records and in which the student seeks or intends to enroll.

[2]The student's current and previous school districts are not required to obtain parental consent for release of information before requesting or sending the student's special education records if the disclosure is conducted in accordance with 34CFR,§99.31(a)(2)and §99.34

I understand that the individually identifiable health records disclosed pursuant to this authorization form may include information relating to communicable diseases such as Human Immunodeficiency Virus (HIV) infection or Acquired Immunodeficiency Syndrome (AIDS): medical history; laboratory test results; treatment progress; treatment for or history of drug or alcohol abuse; or mental or behavioral health or psychiatric care.