Greater Albany SD 8J
Administrative Regulation

Code: **JO/IGBAB-AR(2)**
Adopted: 7/81, 8/90,
Revised/Readopted: 3/12/01, 2/28/05, 4/14/08
Orig. Code(s): AR 5310-H, AR 6136-B, None

Permission to Obtain and Release Information

Student _____ Birthdate _____
School _____ Grade _____ Student ID Number _____

To: Parent/Legal Guardian[1]/Adult Student

We need your permission to: ( ) obtain ( ) release information about this student. We are requesting this permission to receive or send information to assist us in meeting your student's educational needs.

I, the undersigned, request and authorize the exchange of the following types of information between:

School/Agency/Person: _____

Address: _____

and Greater Albany Public School District 8J.

- ☐ Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records and group aptitude and achievement test results)
- ☐ Medical and/or health records
- ☐ Psychological and/or social work reports
- ☐ Multi-disciplinary team evaluations and related reports
- ☐ Agency reports
- ☐ Special education records
- ☐ Other _____

_____
Signature of Parent, Legal Guardian, Surrogate Parent or Adult Student Date

Return to:

Name: _____
School: _____
Address: _____
_____

This release form is valid for one year from date of signature unless specified otherwise.

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[1] As used in this policy, the term parent includes legal guardian or person in a parental relationship. The status and duties of a legal guardian are defined in ORS 125.005 (4) and 125.300 - 125.325. The determination of whether an individual is acting in a parental relationship, for purposes of determining residency depends on evaluation of those factors and a power of attorney executed pursuant to ORS 109.056. For special education students, parent also includes a surrogate parent, and adult student to whom rights have transferred and foster parent as defined in OAR 581-015-0005 (18).