

Pine Eagle School District 61

Code: **JO/IGBAB-AR(2)**
Adopted: 1/12/09
Readopted: 5/11/09
Orig. Code(s): IGBAB

Authorization of the Release and Exchange of Information

I, _____, authorize the release and exchange of information between and
Parent/Guardian¹
among the identified agencies who will be planning services for:

Client(s) name(s) *(Please include the names of all students whose information is to be released or exchanged.)*

The purpose of this authorization form is to enable the district and other involved agencies to better serve your student through coordinated service planning and delivery. Representatives of the district and these agencies will meet and share information on a need-to-know basis regarding your student.

Pine Eagle School District #61
Baker County Services to Children and Families
Baker County Alcohol & Drug Treatment Program
Baker County Juvenile Departments
Baker County Sheriff's Departments
Blue Mountain Community Mental Health Services
Other: _____

The information to be disclosed/exchanged is: presence in the program and school, legal and permanent records which include assessment, family history, diagnoses, and treatment recommendations from the Blue Mountain Community Mental Health Services, school counselors, private providers, and alcohol and drug treatment programs.

This release authorizes a free exchange of information between these agencies in order to give the most complete and thorough services available. It does not authorize release to any other person or agency except those agencies listed above. Unless revoked in writing, this release and exchange shall remain in force for a period of twelve (12) months from the date of authorization.

To the party receiving this information: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

¹As 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, an adult student to whom rights have transferred, and foster parent as defined in OAR 581-015-0005 (18).

Authorization signature

Relationship to Child

Juvenile's signature (12 through 17)

PERMISSION TO OBTAIN AND RELEASE INFORMATION

Student: _____

School: _____ Grade: _____

To: Parent/Legal Guardian² /Surrogate Parent/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 Pine Eagle School District #61.

- 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.

²As 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, an adult student to whom rights have transferred, and foster parent as defined in OAR 581-015-0005 (18).

RECORD OF REQUEST FOR DISCLOSURE AND/OR INSPECTION OF STUDENT RECORDS

Student's name Location of records (School name)

The following is to be completed by the school official responsible for records.

Date of Request	Person Requesting and/or Receiving Records Information	Reason Records Were Viewed/Release	Date of Disclosure	Signature of School Official

Note to official responsible for records: This record must be maintained with the education records of the student to whom it pertains