

LAKE HAVASU SCHOOL DISTRICT #1
2200 Havasupai Blvd
Lake Havasu City, AZ 86403
(928)505-6934

PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

The Family Education Rights and Privacy Act (FERPA) of 1974 specifies that student records will not be released to any individual, institution, or organization without signed permission from parents of a student under 18 years of age. At age 18, a signed release is required of the student or release documents to any individual, institution, or organization.

Lake Havasu Unified School District complies with the federal legislation of FERPA and the Health Insurance Portability and Accountability Act (HIPPA). We are required by law to protect the privacy of the information we have about our students and will only utilize information provided in a student's educational and medical record in accordance to procedures and guidelines outlined by FERPA and HIPPA.

The information which we are requesting is for the confidential use of the personnel who are directly concerned with helping your child. Public Law 93-380, ARS 15-151 allows the release of educational records of students without consent of their parents to officials of other school systems in which the student intends to enroll.

To facilitate sending of all educational and medical records necessary to ensure a free appropriate public education, please sign below to ensure all records are release in a timely manner to help us better service your student.

Student Name: _____ DOB: _____ Grade: _____

Organization: _____ Address: _____

City: _____ State: _____ Zip _____

Phone Number: _____ Fax Number: _____

REQUEST FOR CONFIDENTIAL REPORTS AND RECORDS

I hereby give my consent to disclose the existing records specified below. The information released is protected under the Family Educational Rights and Privacy Act of 1974, which prohibits disclosure to any other party without the written consent of the parent or eligible student, except as permitted by law, and may only be used by you for the purpose for which the disclosure was made. This request applies only to those records existing on the date of signature. Released information may become a part of the educational record of the student and then will be available for parental review. This consent form expires one year for the date below, unless revoked by me in writing.

- Cumulative record (With Grades to Date and Dates of Attendance, SAIS Number for AZ)
- Discipline Record (Please include Board Hearing Dispositions if suspended or expelled)
- Psychological records, and/or all evaluations from related service providers
- IEP (Complete IEP Documents, Conference Notes, Eligibility, and Initial Placement Forms)
- Psychiatric Records
- Complete Medical Records
- Court Custody Documents
- Birth Certificate
- Immunization Records
- Other _____

Parent/Guardian Signature Date

Date Record Request Faxed by LHUSD: _____ Staff Initials: _____

State Law 815-828 Paragraph F states that no school shall withhold records due to financial debts.
Federal Law 99.31 - No Parent signature required for educational records to be sent to another educational agency.