

BATH COUNTY PUBLIC SCHOOLS
EXCEPTIONAL CHILDREN
Request for Release of Student Records to Third Party

Name:

Date:

THIS RECORDS REQUEST/CONSENT FORM IS TO BE USED WHEN PERSONS OR AGENCIES NOT LISTED IN POLICY 09.14 REQUEST A COPY OF STUDENT RECORDS OR ATTEND STUDENT MEETING.

We are requesting your permission to invite transition agencies to participate in the educational meeting and have access to records for the purpose of coordinating transition services. The different agencies are dependent on individual student needs. Those to be invited are the following:

- ☐ Office of Vocational Rehabilitation
- ☐ Job Corps
- ☐ Access
- ☐ KY Impact
- ☐ Comprehensive Care
- ☐ Community Alternatives
- ☐ Vocational/Technical Schools
- ☐ Community Colleges/Universities
- ☐ Other _____

Any person inspecting, reviewing, or receiving copies of student records under the authority of the Family Educational Rights and Privacy Act of 1974 is cautioned that the Act provides that "personal information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to such information without the written consent of the parents of the student or the eligible student."

**THE DISTRICT SHALL INFORM THIRD PARTIES OF THE 5-YEAR PENALTY FOR
REDISCOVERING EDUCATION RECORDS WITHOUT PARENTAL CONSENT.**

The above requesting individual or agency may have a copy of or access to the school record of
_____.

Student's Name

If you are willing to comply with this request, please check the records you approve for access/copying and sign, date and return this release to us.

- ☐ Official administrative record (name, address, birth date, grade level completed, grades, class standing, attendance record)
- ☐ Standardized achievement test scores
- ☐ Intelligence and aptitude test scores
- ☐ Personality and interest test scores
- ☐ Teacher and counselor observations and ratings
- ☐ Record of extracurricular activities
- ☐ Family background data
- ☐ Health/Immunization records
- ☐ Special education records
- ☐ No restrictions

I understand that this authorization for release/invitation is voluntary and that I may revoke it at any time by my written notice. I understand that information disclosed by my authorization may be re-disclosed by this agency or individual only through the process set out in the Family Educational Rights and Privacy Act (FERPA).

Parent/Guardian's or Eligible/Emancipated Student's Signature

Date