

# Colorado School for the Deaf and the Blind

## Authorization for Disclosure of Education Records

I, \_\_\_\_\_ (Parent or Authorized Personal Representative), authorize the exchange of student information between CSBD and the agency(ies) listed below of protected educational records as described in this authorization on \_\_\_\_\_ (today's date).

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Written Records to Be Released:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Individualized Education Plan (IEP) | <input type="checkbox"/> Discipline Record          | <input type="checkbox"/> All Assessment Records (or specify) |
| <input type="checkbox"/> Assessments & Revaluations          | <input type="checkbox"/> Grades/Report Card         | <input type="checkbox"/> Audiometric                         |
| <input type="checkbox"/> Attendance Records                  | <input type="checkbox"/> Health Record              | <input type="checkbox"/> Occupational Therapy                |
| <input type="checkbox"/> Cumulative File                     | <input type="checkbox"/> Standardized Test Scores   | <input type="checkbox"/> Psychological                       |
| <input type="checkbox"/> Custody/Legal Paperwork             | <input type="checkbox"/> Transcript                 | <input type="checkbox"/> Physical Therapy                    |
| <input type="checkbox"/> Diploma (copy)                      | <input type="checkbox"/> Verification of Enrollment | <input type="checkbox"/> Speech/Language                     |
| <input type="checkbox"/> Other _____                         | <input type="checkbox"/> Other _____                | <input type="checkbox"/> Other _____                         |

### Send Records To (address or email):

\_\_\_\_\_

I understand this authorization will expire annually, without my express revocation, exactly one year from being signed. I understand that I may revoke this authorization at any time upon written notice except to the extent that action has already been taken based on this authorization. I further understand that the revocation is only effective and logged by the Colorado School for the Deaf and the Blind (CSDB). Furthermore, I have the right to copy this authorization. All information received and maintained by CSDB will be kept confidential pursuant to the Family Education Rights and Privacy Act 20 USC § 1232 (g).

I authorize CSDB and other relevant agencies to communicate allowing both agencies listed on this form to share educational information regarding student as necessary.

\_\_\_\_\_  
Signature of Parent/Guardian or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian or Personal Representative (Print) and Relationship to Student(s)

*Return to completed form to the CSDB Registrar*