

EXHIBIT EXHIBIT

STUDENT RECORDS

REQUEST FOR STUDENT EDUCATION RECORDS

Copy to student file

Name of Agency	Address
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Requester

Name of Authorized Person	Phone
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Requested

Name of Agency	Address
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Student Name	Address
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Parent Name	Address
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Previous School Address	Dates Attended
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- No information available about previous school program.
 Need information to help prepare an educational program for the student.
 Need assistance in understanding complex behavior and needs.
 Need verification that the student has a disability.
 Need evaluation information for immediate special education placement.
 Other: _____

Permanent record data:

Basic identifying data, attendance data, and academic data

General cumulative data:

General administrative data and results of group tests.

Health data:

General medical data and reports

Specialized student data:

Individualized evaluation records and specialized reports (including reports from outside agencies)

Special education place

All records of placement if special education records

Suspension and/or expulsion

All records of suspension and/or records: expulsion

In making this request, the undersigned agrees that the information received will be used only by the professional school staff members who are assigned to work with the student in the educational program and will not be released to any other party without the prior written consent of the parent or eligible student.

I, _____, as the parent of _____, consent to the
(Parent Name) (Student's Name)
release of records listed above to the party named above. I am aware of my rights to review the records and receive a copy at my expense, if I so request.
