

PARENT/GUARDIAN/STUDENT
CONSENT FOR RECORDS RELEASE FOR OUTSIDE AGENCIES

Oregon City Schools Department of Educational Services
5721 Seaman Road Oregon, Ohio 43616 419.698.6000 Fax: 419.698.6005

TO: _____ RE: _____
Address: _____ DOB _____ Age _____

Address _____
Telephone _____ City/State/Zip _____
Fax _____ Parent(s)/Guardian(s) _____
Telephone _____

School personnel making the request:

Name _____ Title _____ Email: _____

Please provide the following Information/records to Oregon City Schools for the above-named student:

- ☐ All personally identifiable data on file.
☐ The following records only (Please specify):

Reason for Request (Please check):

- ☐ To aid in making present and future educational decisions.
☐ Other (Please specify):

Method of Transmittal (Please check all available means information can be received/sent.)

- ☐ Regular Mail
☐ Fax
☐ Email _____

RE-DISCLOSURE:

The confidentiality of the information being disclosed is protected by State and Federal law. ORC 5122.31, ORC 3702.243 and 42 CFR part 2 prohibit you from making any further disclosure of it without the specific and informed release of the individual to whom it pertains, his/her authorized representative, or as otherwise permitted by law. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.

EXPIRATION: This Authorization will automatically expire six months (180 days), after the date of the authorization, unless one of the following items is checked:

- ☐ I expect to continue receiving services beyond one hundred eighty (180) days and extend the authorization to a maximum of one (1) year or at termination, whichever is sooner.
- ☐ Condition, date of event of earlier/later specified here: _____

- I understand I can refuse to sign this authorization. I understand Oregon City Schools may not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this authorization.
- I understand that the information disclosed is protected by law and may not be re-disclosed without my written authorization or as otherwise authorized by law; however, I understand that Oregon City Schools cannot control the recipient's use of the information, and I hereby release the Oregon City Schools from any liability for the recipient's re-disclosure of such information.
- I understand that this authorization may be revoked by me at any time, except to the extent the program or person who is to make the disclosure has already acted in reliance on it. The revocation must be signed and dated by me. Upon revocation of consent, further release of information shall cease immediately.

With the understanding that the district cannot assume responsibility for the confidentiality of educational information disclosed, I authorize the above named person/agency to release educational information regarding the above-named student.

Signature of Client/Guardian*/Authorized Representative*
and authority to act on client's behalf

Date

*If other than the client, relationship to the client is: ☐ Parent ☐ Legal Guardian ☐ Other: _____

REVOCATION:

Upon revocation of consent, further release of information shall cease immediately. I hereby revoke my consent for the release of the above information.

Signature of Client/Guardian*/Authorized Representative*
and authority to act on client's behalf

Date

*If other than the client, relationship to the client is: ☐ Parent ☐ Legal Guardian ☐ Other: _____