**Okeechobee County School Board**

**Authorization for Release of Records**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student** |  | |  |  | **Date of Birth** | |  | | **Grade** |  | |
|  | | Last | First | Middle | |  | |  |  | |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Requested From and To:** | | | | | | | | | |
|  |  | | | | | | | | |
| Name and Title |  | | | | | | | | |
|  |  | | | | | | | | |
| School or Agency |  | | | | | | | | |
|  |  | | | | | | | | |
| Street Address |  | | | | | | | | |
|  |  |  |  | |  | | |  | |
| City |  | | State |  | | Zip |  | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To Be Released To and From::** | |  |  | |  |  | | | |  | |
|  |  | |  | |  |  | | | |  | |
| Name and Title |  | |  | |  |  | | | |  | |
|  |  | |  | |  |  | | | |  | |
| School or Agency |  | |  | |  |  | | | |  | |
|  |  | |  | |  |  | | | |  | |
| Street Address |  | |  | |  |  | | | |  | |
|  |  | |  | |  |  | | | |  | |
| City |  | | State |  | | |  | Zip |  | | |
|  |  | |  | |  |  | | | |  |  |

The signature below authorizes the release of records and pertinent information as indicated for the purpose of

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|  | in accordance with Federal, State and District Regulations. (If |
| necessary, please forward a copy of this request to the appropriate office (s) where the records are kept.) Okeechobee County bills Medicaid for Fee for Services therapies. There are no charges to any parent for any service billed. | |

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|  | Date of entry/withdrawal |  | Grades to date in all subjects | | |  | | | Psychological Evaluation report | | |
|  | Previous Schools Attended |  | Standardized Test information | | |  | | | Psychiatric Evaluation | | |
|  | Attendance information |  | Medical/health records | | |  | | | Occupational/Physical Therapy reports | | |
|  | Educational Evaluation |  | Immunization Records | | |  | | | Discipline records/disciplinary actions | | |
|  | Exceptional Student Education Staffing Reports |  | Vision/Hearing Screenings | | |  | | | Case Management | | |
|  | Dates & reasons for special program enrollment and withdrawals |  | Speech/Language Screening | | |  | | | Other: |  | |
|  | Current Individual Educational Plan |  | Specific Learning Disabilities testing | | | | |  |  | | |
|  | Records required for Medicaid eligibility including exceptional education placement, birthday, social security number |  | Social History | |  | | | |  | | |
|  | | |  | | | |

Adult Student/Parent/Legal Guardian privileges and obligations under Florida State Board of Education Rule 6A 1.955 state:

(1) Right to access (if desired, a copy of records may be obtained by Parent/Legal Guardian/Adult Student at cost of reproduction)

(2) Right to privacy (Right to waiver access to confidential letters and statements)

(3) Right to challenge (Right to challenge the contents of records being provided through a hearing)

(4) Right of notification (Right to know that records are being transferred)

Information received will **not** be disclosed to any other party except school officials with a legitimate educational interest without prior consent of Parent/Legal Guardian or Adult Student.

**Please note: Only minimally necessary information will be released**

Any release of mental health and substance abuse information must be pursuant to F.S.A. §394.4615, F.S.A. §455,667, §397.501(7), 42 U.S.C.§2900dd-2, 42 C.F.R. Part 2 and 45 C.F.R. §164.508. Only the above specified persons or agencies will receive this information. You have the right to inspect and/or copy protected health information to be used or disclosed as provided in 45 C.F.R. §164.524.

**PROHIBITION OF REDISCLOSURE**: This information has been disclosed from records whose confidentiality is protected. Federal and state rules prohibit anyone from making any further disclosure of this information unless the patient provides specific written authorization for the subsequent disclosure of this information or as otherwise permitted by 42 C.F.R. Part 2 or F.S.A. §394.4615. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. (42 C.F.R. 2.32). Florida law requires that any person, agency or entity receiving this information shall maintain such information as confidential and exempt from the provisions of the public records law. (F.S.A. §394.4615(B). Any facility or private mental health practitioner who acts in good faith in releasing information pursuant to F.S.A. §394.4615 or other Florida statute is not subject to civil or criminal liability for such release.

\*Parental permission is no longer required when records are requested by authorized school personnel. (Family Education Rights & Privacy Act, Final Rule of Education Records, Federal Register, June 1, 1976, Vo. 41 Sec. 99.31, No. 118 Page 24673)

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| --- | --- | --- | --- | --- |
| I have been informed and understand my rights regarding the transfer of these records. | | | | |
|  |  | |  |  |
| Adult Student Signature | |  | Date |  |
|  |  | |  |  |
| Parent/Legal Guardian |  | | Date |  |
|  |  | |  |  |

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| --- | --- | --- | --- |
| Date Records Requested |  | Date Records Received |  |

The school/district will presume that the parent/guardian has the right to access the student records unless the school has been provided with evidence that there is a legally binding instrument stating otherwise.

O-EX-30

Rev. 4/13

One Copy - Accompany Student Record Request One Copy - To Remain in Student File