

Parental Authorization to Transmit Records

Harrison High School
255 Union Avenue
Harrison, New York 10528

PARENTAL AUTHORIZATION TO TRANSMIT TRANSCRIPTS AND ACADEMIC RECORDS

Student's Name: _____ Date of Birth: _____

I hereby grant permission to Harrison High School to forward academic transcripts and academic records for the above-named student to colleges or other institutions of our choice.

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

RELEASE OF CONFIDENTIAL INFORMATION FOR IEP AND 504 STUDENTS

The Family Educational Rights and Privacy Act ("FERPA") and the Individuals with Disabilities Education Improvement Act ("IDEA") require schools and providers to have written consent from a parent or legal guardian before they can release student records or communicate about the student. In the case of students eighteen (18) years old or older, written permission of the eligible student must be obtained. **If the parent/guardian or eligible student is sending this to a health care provider, such individual must execute the attached Authorization for Release of Health Information Pursuant to HIPAA form.**

This form will authorize the Harrison Central School District to share and exchange documents and information about your child with the person or entity listed below **and** to permit the person or entity listed below to share and exchange documents and information about your child with college/university.

FROM: (*sending facility*)

Harrison Central School District
Office of Special Education
50 Union Avenue
Harrison, New York 10528
(914) 630-3068
Fax: (914) 777-0237

TO: (*receiving facility*)

Telephone #:
Fax #:

In accordance with FERPA and the IDEA, I hereby authorize the Harrison Central School District to communicate and release all educational/clinical records pertaining to the below-named student, including but not limited to: health records, grades, discipline records, dates of attendance, psychological and other evaluations, all diagnostic and state testing, psychiatric records and special education records. I also authorize the Harrison Central School District or entity above to transmit my child's IEP through IEP Direct. In accordance with FERPA and the IDEA, all records shall be kept strictly confidential and not be released to non-authorized individuals.

Parent/Guardian Signature: _____ Date: _____

Signature of Eligible Student (if 18 or older): _____ Date: _____

Student's Name: _____

Age: _____ Date of Birth: _____ Grade Level: _____