



AUTHORIZATION TO RELEASE CONFIDENTIAL STUDENT INFORMATION

Student Full Name (Please Print): _____ Date of Birth: ____/____/____

Parent/Guardian Name (Please Print): _____ School: River Trail Middle School

I authorize the persons or agencies listed below to release confidential records, medical, health and educational information and/or other confidential student information (as identified below) for the above student.

PERSON/AGENCY RELEASING RECORDS (PLEASE PRINT):

Name/Organization: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____

THESE RECORDS MAY BE FORWARDED TO (PLEASE PRINT):

Name/Organization: River Trail Middle School Phone: 470-254-3860

Address: 10795 Rogers Circle Fax: 470-254-3866

City: Johns Creek, GA 30097

City: _____ Attn: L. OConnell email – oconnelll@fultonschools.org

Release of student information will be reciprocal between persons/agencies listed above (Please check box).

I understand that signing this authorization is voluntary and may be revoked at any time by providing a written notice to Fulton County School System. The withdrawal of this authorization does not affect any student information disclosed prior to this written notice.

This authorization expires: ____/____/____
(insert applicable date or if blank, consent expires 12 months from date signed on this release)

The following information will be released/exchanged (Check All That Apply):

EDUCATIONAL RECORDS

- All Student Educational Records
 - Enrollment
 - Withdrawal
 - Attendance
 - Behavior
 - Grades/Progress reports
 - Immunization
 - Official Transcript
 - Student Intervention Team records/minutes/plans
 - Other: _____

SPECIAL EDUCATION RECORDS

- All Special Education Evaluation and Records
 - Educational Evaluation/Student Achievement
 - IEP Meeting Minutes
 - Individualized Education Plans (IEP)
 - Consent for Placement
 - Consent for Evaluation
 - Adaptive Behavior reports or checklists
 - Behavioral reports or checklists
 - Transition Plan
 - Eligibility Report for all Categories of Disability
 - Developmental/Social/Behavioral History
 - Other: _____
 - Other: _____

SPECIALIZED EVALUATIONS AND RECORDS

- All Specialized Evaluation and Records
 - Psychological
 - Neuropsychological
 - Treatment Plan/Recommendations
 - Occupational Therapy
 - Physical Therapy
 - Speech/Language
 - Vision
 - Hearing
 - Otolological
 - Audiological
 - Other: _____

MEDICAL EVALUATION AND RECORDS

- All Medical Records
 - Psychiatric
 - Diagnoses
 - Medications
 - Educational Impact Summary
 - Discharge Summary
 - Outpatient Treatment Plan
 - Other: _____
 - Other: _____

FCS Authorization To Release Confidential Student Information | AUG 2017

Parent/Guardian Signature: _____ Date: ____/____/____