TRI-VALLEY SPECIAL EDUCATION LOCAL PLAN AREA

PARENT AUTHORIZATION TO RELEASE PUPIL RECORD INFORMATION

Date: _____

Student ID#:

http://trivalleyselpa.org

Student's Name: _____ Birthdate: _____ Medical Record# _____

School/Dist. of Service: _____ Grade: _____

I hereby authorize:

_____
District/Agency/Professional

_____
Address

_____
City/State/Zip

_____ _____
Phone Fax

_____
Email

To exchange with:

Dublin Unified School District/Special Ed/District Nurse
District/Agency/Professional

7471 Larkdale Avenue
Address

Dublin, California 94568
City/State/Zip

(925) 828-2551 x8036 or x6439 (925) 833-0690 or 829-7322
Phone Fax

_____@dublinusd.org
Email

For specified medical, psychological, or educational records concerning the above-referenced student.
Specified Information: _____.

Purpose: The purpose of request is to develop an appropriate educational program. May assist with evaluation of student needs.

ORIGINAL SIGNATURE REQUIRED ON ALL COPIES.

_____ _____
Signature of Parent with Custody, Guardian, Surrogate, or Adult Pupil* Date

_____ _____
Typed or Printed Name as above Relationship to Student

_____ _____
Address City/State/Zip

_____ _____ _____
Home Phone Work Phone Email

Duration: This authorization shall become effective immediately, and shall remain in effect for one year from the date of signature.

NOTE TO RECEIVING DISTRICT/AGENCY/PROFESSIONAL: Information received by this authorization shall not be released to another agency or person unless written permission is given by the parent, guardian, surrogate, or adult pupil.*

NOTE TO PARENT/GUARDIAN/SURROGATE/ADULT PUPIL*: The rights given to you by law are:

1. You have a right to a copy of this authorization.
2. You may receive a copy of the information if desired. A nominal charge may be assessed.
3. You may review the contents of the information in person if you wish. Contact your school or your district special education office.

* Adult Pupil means a student who has attained age 18 or is attending an institution of post-secondary education.