



## AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS

### **Section I: Student Information**

This form provides authorization to release educational records and information relating to:

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

### **Section II: Disclosure and Use of Educational Records**

I hereby give my permission to the Bay Village City School District to disclose educational records for the above-referenced student and information in the manner described below.

### **Section III: Description of Educational Records and Information to be Disclosed**

Describe/List the educational records or information you are authorizing to be disclosed (*i.e.*, all educational records, IEPs, etc.):

---



---



---

### **Section IV: Description of Persons or Entity Authorized to Receive and Use Released Information**

The District has my permission to release the information described above to:

---



---

### **Section V: Purpose of this Authorization**

The purpose of this disclosure of educational records or information is:

To aid in making present and future educational decisions.

Other: \_\_\_\_\_

### **Section VI: Expiration and Revocation**

This authorization may be revoked (canceled) at any time except to the extent that the District has already released personal health information prior to the revocation of this authorization. Requests for revocation must be in writing. To revoke the authorization, contact Bay Village Schools Special Services at 440-617-7323. If not revoked, this authorization will expire one year after the date on which the authorization is signed.

### **Section VII: Signature and Acknowledgement**

I acknowledge that this authorization is voluntary and that I have received a written copy of this authorization.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If a personal representative (for example, parent, legal guardian, etc.) signs this form on behalf of the individual identified in Section I, please complete the following:

**Representative's Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Date:** \_\_\_\_\_

cc: Student File  
Signator