Authorization for Exchange of Confidential Student Information

Student Name: District ID: State ID: Grade: Sex:

Native Lang: Ethnicity: Birthdate: Age:

District: Boise School District School: Phone:

Parent/Guardian, Personal Representative, or Adult Student Name:

Street Address: Primary Phone Number:

City, State, Zip: Secondary Phone Number:

A. The names of parties authorized to exchange information: [1]

I authorize:

Name: Title:

Organization:

Address: City: Zip:

To exchange information with:

Name: Title:

Organization: Boise School District

Address: 8169 W. Victory Rd City: Boise Zip: 83709

The health care provider identified above cannot condition your treatment on signing this authorization.

B. The Information to be exchanged between the parties:

- ☐ Counseling Record
- ☐ Special Education Record
- ☐ Medical Report
- ☐ Social Work Report
- ☐ Psychological Records
- ☐ Psychological Tests
- ☐ Current Testing
- ☐ Other:

C. The purpose of this request:

D. Effective Date of Authorization:

This authorization takes effect the day you sign it, and:

- ☐ Expires after the requested information is received.
- ☐ Continues until

By signing authorization, I understand that the parties named above are permitted to exchange written and verbal information regarding my child. The parties may also accept a photocopy of this release form and give it the same full force and effect as the original. I further understand that I may revoke this authorization in writing at any time by providing a copy of my revocation to the parties named above. The information used or disclosed under this release might be disclosed by the school district as an educational record, pursuant to FERPA, and might no longer be protected by HIPAA.

____ ______________

Parent, Personal Representative, or Adult Student's Signature* *Date*

*If signed by Personal Representative, please set forth the Personal Representative's authority to act for Student:

[1] It is intended that this Authorization meets the requirements under the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Updated: September 2018

34 CFR 300.622(a)