RELEASE OF STUDENT DATA/RECORDS

The parent/legal guardian of any student enrolled in Albemarle County Public Schools may authorize the release of their student's data/records to any individual or agency upon completion and executing of the Consent for Release of Student Data/Records form ~~accompanying this policy.~~

~~This form may be used by Community Policy and Management Teams, and the Departments of Health, Social Services, Juvenile Justice, and Behavioral Health and Development Services.~~

Adopted: November 14, 2013

Legal Ref: Code of Virginia, 1950, as amended, §22.1-79.3 ~~(3) (H)~~

CONSENT FOR RELEASE OF STUDENT DATA/RECORDS

Student Name: _____ Date of Birth _____

Name of School _____ School ID # _____

Student Address _____

Home Telephone #: _____

Parent/Legal Guardian (1) Mobile Telephone # _____

Parent/Legal Guardian (2) Mobile Telephone # _____

I authorize the _____ Division to release to the individual or Agency identified below identifying educational/medical data and records (the "Records") of the student listed above. I understand that in addition to educational records and data, such Records may also contain health information pertaining to diagnosis and treatments, immunization records, suspensions/office referral data, attendance data, referrals to student service teams, as well as written communications with school staff related to mental health interventions.

Time Period During Which Release of Student/Data is Authorized:

From: Date that form is signed below.

Until: _____

Name of Authorized Individual or Agency

Name and Title _____

Agency Name (if applicable) _____

Address (1) _____

Address (2) _____

Email Address _____

Phone Number _____

Fax Number _____

Signature of Parent/Guardian _____

Name of Parent/Guardian _____

Relationship to Student _____

Date _____

Witness _____