

# Board Policy

Code No. 506.1E10

## AUTHORIZATION TO DISCLOSE CONFIDENTIAL STUDENT INFORMATION/RECORDS

\_\_\_\_ I, THE UNDERSIGNED, AUTHORIZE THE BETTENDORF COMMUNITY SCHOOL DISTRICT TO RELEASE AND/OR DISCLOSE STUDENT RECORDS AND INFORMATION. THESE RECORDS MAY BE VERBAL, WRITTEN, DIGITAL OR VIDEO FORMAT.

\_\_\_\_ I, THE UNDERSIGNED, AUTHORIZE \_\_\_\_\_  
(LIST PERSON/ AGENCY)

TO RELEASE AND/OR DISCLOSE STUDENT RECORDS AND INFORMATION TO THE BETTENDORF COMMUNITY SCHOOL DISTRICT.

**REGARDING:**

Student \_\_\_\_\_ D.O.B. \_\_\_\_\_

School: \_\_\_\_\_

**TO:**

Person and/or Agency: \_\_\_\_\_

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

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

**FOR THE PURPOSE OF:** (Check as appropriate)

\_\_\_\_ Evaluation and identification of the student's education needs

\_\_\_\_ Provisions of student's programs and services

\_\_\_\_ Coordination of health/mental health services

\_\_\_\_ Other (please be specific)

\_\_\_\_\_  
\_\_\_\_\_

**Expiration date of this authorization:** \_\_\_\_\_

**Please be certain you read and understand this document before signing.**

**I understand that I may review any information released/ disclosed, and I may withdraw my consent for release/disclosure at any time. Notice of consent withdrawal must be sent in writing to**

\_\_\_\_\_,  
**(School name & address)**

**and will not apply to any release/disclosure made prior to receipt of consent withdrawal notice.**

Bettendorf Community School District  
BOARD POLICY - 506.1E10 • AUTHORIZATION TO DISCLOSE CONFIDENTIAL STUDENT  
INFORMATION/RECORDS

**Signature:**

\_\_\_\_\_  
Relationship (check one):     Parent     Legally Appointed Guardian

**\*Student Signature:**

\_\_\_\_\_

\*Student signature is required in the case of students 18 years of age or older who are competent to provide informed consent. Though it cannot be required against the wishes of a competent student 18 years of age or older, a parent signature should also be obtained if the student resides in their home, is dependent on them, and has not graduated from high school.

Notice to Recipient: Except as permitted by state and federal laws and regulations, the further disclosure in any manner of the records and information obtained in accordance with the authorization provided by this document is prohibited by law.

Questions regarding this authorization should be directed to \_\_\_\_\_  
(District contact name, phone number, email)

CC:    Student File  
       Parent/Guardian  
       Person/Agency

*Approved: Feb. 2, 2016*

*Reapproved:*

*Revised:*