

**Consent for Release of Student Records**

Student name:	Grade:	DOB:
School:		Date of request:

Note: A signed release is not required for transfer of records between education agencies within the State of Utah under USBE SER IV.X.13.

\_\_\_\_\_ (LEA) hereby requests the release of Special Education Records for the following student(s):

_____	_____
_____	_____
_____	_____

The persons/agencies named below are authorized to disclose to each other confidential information regarding the above named student(s).

\_\_\_\_\_  
Name and Position of Requesting School Staff

\_\_\_\_\_  
Name of Sending School/LEA

\_\_\_\_\_  
Name of Requesting School

\_\_\_\_\_  
Name of Sending Person

Address:

Address:

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

FAX #: \_\_\_\_\_

FAX #: \_\_\_\_\_

**Records to Be Released/Disclosed**

- IEP file(s)\*
- All educational tests, achievement data, and progress reports
- All Psychiatric/Independent Evaluations, Psychiatric/Social/Adaptive Test/Data, Medical Records/Data, Anecdotal and Program Data
- All Vocational Testing
- Other: (specify) \_\_\_\_\_

**Purpose of Release/Disclosure**

- To assist in educational planning
- Transfer of school records
- Other: \_\_\_\_\_

\* IEP File Contents Include: IEP, FBA/BIP, Notice of Meeting, Anecdotal Logs, Progress Reports, Team Summary and Eligibility, Evaluation Results, Re-Evaluation Data Review, Speech Evaluation Reports, Hearing/Vision Screens, Notice of Placement/Initial Placement, Prior Notice and Consent for Evaluation, At-Risk Interventions, Referral for Evaluation for Special Education.

\_\_\_\_\_  
Signature of Parent/Guardian/Adult Student and Date Signed

\_\_\_\_\_  
Signature of Requesting School Representative and Date Signed