

Jean Massieu Academy

Date sent/mailed:

- Release Information
- Request Information

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Student: _____	SS#: _____	DOB: _____
District: _____	Campus: _____	Sex: ____ Race: ____ Grade: _____

We are asking that you authorize the person or agency named below to release specified records containing confidential information regarding the above named student:

<input type="checkbox"/> Release To Jean Massieu Academy 823 N. Center St. Arlington, TX 76011 (817) 460-0396 Voice/TTY (817) 460-9867 Fax	<input type="checkbox"/> Release From _____ (Person/Agency) _____ (Address) _____
Records Requested	Purpose of Disclosure
<input type="checkbox"/> Current ARD Report and IEP (inc speech) <input type="checkbox"/> Comprehensive Individual Assessment (inc speech) <input type="checkbox"/> Vocational Assessment <input type="checkbox"/> Individual Transition Plan <input type="checkbox"/> Referral Information <input type="checkbox"/> Psychological/Psychiatric Evaluation <input type="checkbox"/> Medical Records Pertinent to Education <input type="checkbox"/> Other information pertaining to Special Services	<input type="checkbox"/> Special Education Placement <input type="checkbox"/> Transfer Student <input type="checkbox"/> ARD Information <input type="checkbox"/> Other:

The designated agency may participate in ARD deliberations for my child/me (if an adult student).
 For more information please call: Elaine Case at 817-460-0396.

I have been fully informed and understand the school's request for my consent as described above. This information will be released upon receipt of my written consent.
 Yes No

I understand that my consent is voluntary and may be revoked at any time.
 Yes No

I understand that I will be notified in writing of each release of educationally related information.
 Yes No

Your rights were explained to you when your child was/you were initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child/you or the provision of a free appropriate public education (FAPE) to your child/you.

 Signature of Parent, Guardian, Surrogate Parent, or Adult Student

 Date

 Signature of Interpreter, if used

 Date

← required only when a school district does not include in its policy a notice that education records are forwarded to other agencies or institutions that have requested the records and in which the student seeks or intends to enroll.