



Bellows Free Academy
 Northwest Career & Technical Center
 Fairfield Center School
 St. Albans City School
 St. Albans Town Educational Center
 Early Childhood Programs

Authorization for Release/Exchange of Confidential Information

I, _____ ☐ Parent ☐ Guardian ☐ Educational Surrogate, authorize
Maple Run Unified School District located at 28 Catherine Street St. Albans, VT 05478 to release
 records/information checked below regarding, _____ [STUDENT NAME], ____ / ____ / ____
 [DATE OF BIRTH] to: _____ [NAME & TITLE OF
 INDIVIDUAL]. The above individual can be contacted at (____) _____-____ [PHONE NUMBER]
 and is located at _____ [AGENCY and STREET ADDRESS with
 City, State, Zip Code]. This consent is valid until ____ / ____ / ____ [DATE], unless otherwise revoked by me in
 writing.

RECORDS/INFORMATION TO BE RELEASED

(check all that apply)

PERMANENT RECORDS:

- | | |
|--|--|
| <input type="checkbox"/> Student's Name, Address, DOB, Birthplace, Gender, Birth Certificate | <input type="checkbox"/> Honors/Awards Received |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Academic Transcript | <input type="checkbox"/> Accident Reports |
| <input type="checkbox"/> Participation in Extracurricular Activities | <input type="checkbox"/> Parent's Name(s), Address(es) |

TEMPORARY RECORDS:

- | | | |
|---|---|---|
| <input type="checkbox"/> Class Schedule | <input type="checkbox"/> Assessment/Test Scores | <input type="checkbox"/> Disciplinary Information |
|---|---|---|

SPECIAL EDUCATION RECORDS:

- ☐ IEP
- ☐ Medical/Nursing Records
- ☐ Specialized Evaluations: Psychiatric, Audiological, Vocational, etc.
- ☐ Psychological Evaluations/Assessments
- ☐ Speech, Physical or Occupational Therapy Evaluations/Reports
- ☐ Educational Evaluation & Reports
- ☐ Children's Integrated Service (CIS) Records

OTHER:

I understand that I have the right to inspect, copy and challenge the content of the school student records/information for which I am
 authorizing release. I may also limit the release of additional records/information listed above by crossing out and initialing
 records/information I do not wish to send; However, I understand that limiting the records/information released may affect the process
 for determining my child's eligibility for services through the LEA. I understand that I may revoke this consent, in writing at any time
 except for information already released as a result of this consent. The written notice of the withdrawal of my consent must be given to
 the agency/organization I authorized to release information.

 AUTHORIZED PARENT/GUARDIAN SIGNATURE

 ELIGIBLE STUDENT SIGNATURE

 DATE

NOTICE TO AGENT/PERSON RECEIVING RECORDS: Under the provision of the Family Educational Rights and Privacy Act, you may
 not disclose any of the information received without first obtaining specific, written consent conforming with FERPA.