

RELEASE OF STUDENT DATA/RECORDS

The parent/legal guardian of any student enrolled in Charles City County School Division may authorize the release of their student's data/records to any individual or Agency upon completion and execution 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: June 18, 2013

Legal Ref.: Code of Virginia, 1950, as amended, §22.1-79 (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 _____