## Kenai Peninsula Borough School District 148 North Binkley Street Soldotna, AK 99669

Authorization for Release/Exchange of Information			
I/we hereby authorize the exchange of communications and the release/exchange of the following records			
concerning, DOB, KPBSD Student ID#			
between Kenai Peninsula Borough School	Di District employees and:		
Send Records To:			
Name/Title:	Date Sent:		
Agency Organization:			
Address:	FAX:		
Telephone:	E-Mail:		
The following information will be release	ed/exchanged:		
<ul> <li>State Assessment Data</li> </ul>	<ul> <li>District Assessment Data</li> </ul>	0	Progress Report/ Grades
<ul><li>Transcripts</li></ul>	<ul> <li>Attendance Records</li> </ul>	0	Discipline Records
o Health Related Information	<ul><li>Special Ed. Records (IEP, OT, PT, Speech)</li></ul>	0	504 Records
<ul> <li>Free and Reduced lunch qualifications</li> </ul>	<ul> <li>Intervention information         (Progress monitoring,         observations,         Aptitude/Achievement         Screening)</li> </ul>	0	Other
I understand that I have the right to inspect the information to be disclosed, challenge its content, and limit my consent. I also understand that my refusal to consent to the exchange of records and communications could result in incomplete and/or inappropriate educational planning for the student. This consent expires one year from the date indicated below. However, I understand that I have the right to revoke this consent in writing at any time.  PARENT/GUARDIAN SIGNATURE  DATE			
STUDENT SIGNATURE (for mental health Student is age 18 or older)	/developmental disability records, if	DATE	
*NOTE: Prior to the release of protected health information, health care providers may require the parent/guardian to execute an additional authorization form to comply with the Health Insurance Portability and Accountability Act (HIPAA).			