

**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 District employees and:

**Send Records To:**

**Name/Title:** \_\_\_\_\_ **Date Sent:** \_\_\_\_\_

**Agency Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

The following information will be released/exchanged:

<input type="checkbox"/> State Assessment Data	<input type="checkbox"/> District Assessment Data	<input type="checkbox"/> Progress Report/ Grades
<input type="checkbox"/> Transcripts	<input type="checkbox"/> Attendance Records	<input type="checkbox"/> Discipline Records
<input type="checkbox"/> Health Related Information	<input type="checkbox"/> Special Ed. Records (IEP, OT, PT, Speech)	<input type="checkbox"/> 504 Records
<input type="checkbox"/> Free and Reduced lunch qualifications	<input type="checkbox"/> Intervention information (Progress monitoring, observations, Aptitude/Achievement Screening)	<input type="checkbox"/> 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/developmental disability records, if  
 Student is age 18 or older)      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).**