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:

o State Assessment Data	o District Assessment Data	o Progress Report/ Grades
o Transcripts	o Attendance Records	o Discipline Records
o Health Related Information	o Special Ed. Records (IEP, OT, PT, Speech)	o 504 Records
o Free and Reduced lunch qualifications	o Intervention information (Progress monitoring, observations, Aptitude/Achievement Screening)	o 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).**