Acton-Boxborough Regional School District
Administration Building
15 Charter Road Acton, MA 01720
978-264-4700 fax: 978-264-3341
www.abschools.org

PERMISSION TO EXCHANGE INFORMATION

Student Name _____ Birth Date_____

Present Address _____

Current School: _____

I hereby authorize the following persons and/or agencies to exchange verbal and/or written communication with the Acton-Boxborough Regional School District (ABRSD) concerning the student named above. Pertinent records and information exchanged between the agency/individual named below and ABRSD will be used to inform educational decisions for my student. All information will be treated in accordance with the Family Educational Rights and Privacy Act (FERPA), state regulations related to educational records, and ABRSD School Committee policies.

I authorize the following agency/individual to exchange information with the Acton-Boxborough Regional School District:

Agency/Individual Name: _____

Address: _____

Phone Number: _____

The following records may be exchanged:

____ Psychological/Psychiatric Evaluations/Information

____ Educational Records (e.g. report cards, progress reports, etc.)

____ Health/Medical Records*

____ Speech Language Pathology Records/Reports

____ Social/Developmental History

____ Discipline Records

____ Vision/Hearing Reports

____ Special Education Documents (e.g. IEPs, evaluations, etc.)

____ Functional Behavioral Assessment, Behavior Intervention Plan

____ Counseling/Therapy Information

____ Other: _____

____ Other: _____

Information will NOT be disclosed to any other party outside the district without prior written consent of the parent or legal guardian except to another school district in which the student seeks to enroll and as provided by FERPA and state student record regulations. This authorization will remain in effect until modified/revoked in writing, but not longer than one calendar year. I understand that I may withdraw my consent to share this information at any time and that any request to withdraw consent should be in writing and signed.

Signature of Parent/Legal Guardian Date

Parent/Legal Guardian Street Address Town/City Zip Code

*This release does <u>not</u> include substance abuse information subject to federal confidentiality regulations, 42 CFR Part 2, or information about serious communicable diseases (HIV, AIDS, ARC, TB, Hepatitis). *A separate release form is required to obtain this information.*