

AUTHORIZATION TO REQUEST STUDENT RECORDS/INFORMATION

STUDENT'S NAME: _____ **DATE OF BIRTH:** _____

I grant permission for the Texas School for the Blind and Visually Impaired to REQUEST the records/information identified below, on the above named student, from an agency, medical facility or another educational authority.

(check as appropriate) _____ **Yes** _____ **No**

I understand that I may withdraw my consent to allow TSBVI to request information at any time.

Signature of Parent or Guardian or student age 18 or older who is able to give informed consent or Other Person with Legal Authority (Power of Attorney, Voluntary Adult Caregiver, or Agent): -

Date: _____

(For TSBVI Use Only)

Information Requested From: _____

Reason for Request: _____

Please release a copy of the following report(s), which are indicated by an "x":

- ___ Speech/Language
- ___ Audiological
- ___ Eye Exam
- ___ Low Vision
- ___ Functional Vision
- ___ Learning Media
- ___ Academic/Developmental
- ___ Teacher Reports
- ___ Current IEP
- ___ ARD Report
- ___ Transcript
- ___ Vocational
- ___ Occupational Therapy
- ___ Physical Therapy
- ___ Orientation & Mobility
- ___ Psychological/Intellectual
- ___ Medical Information
- ___ Social History
- ___ Other

AUTHORIZATION TO RELEASE STUDENT RECORDS/INFORMATION

STUDENT'S NAME: _____ DATE OF BIRTH: _____

The student's local school district is the primary educational authority, and copies of all the student's records/information at TSBVI are provided to the student's school district without written notice to parent/guardian/adult student/other person with legal authority.

I grant permission for Texas School for the Blind and Visually Impaired to RELEASE student records/information to the Special Education Cooperative and the Educational Service Center serving the student's school district, to the Texas Workforce Commission, and to the Health and Human Services Commission when those records pertain to the initiation of, or continuation of, case management services. Likewise, permission is granted to RELEASE student records/ information to the agency responsible for determining the student's eligibility for Social Security benefits. Also, I understand that TSBVI will notify me in writing of the release of records/information to the authorities identified in this paragraph.

(check as appropriate) _____ **Yes** _____ **No**

The release of student records/information to any other person, agency, medical authority, etc., will require written permission (verbal permission may be acceptable in certain circumstances) from the parent/guardian/adult student/other person with legal authority for each specific request. TSBVI will notify the parent/guardian/adult student/other person with legal authority upon releasing the information. I understand the above, and know that I may withdraw my voluntary consent at any time.

Signature of Parent or Guardian or student age 18 or older who is able to give informed consent or Other Person with Legal Authority (Power of Attorney, Voluntary Adult Caregiver, or Agent): -

Date: _____

(For TSBVI Use Only)

Information Released To: _____ Reason for Release: _____

A copy of the following Report(s) indicated by an "x" were released:

- ___ Speech/Language
- ___ Audiological
- ___ Eye Exam
- ___ Low Vision
- ___ Functional Vision
- ___ Learning Media
- ___ Academic/Developmental
- ___ Teacher Reports
- ___ Current IEP
- ___ ARD Report
- ___ Transcript
- ___ Vocational
- ___ Occupational Therapy
- ___ Physical Therapy
- ___ Orientation & Mobility
- ___ Psychological/Intellectual
- ___ Medical Information
- ___ Social History
- ___ Other

Date Notification was mailed or provided: _____