

Hopkins County Schools

Student Record Release Form

I, as parent or guardian of _____ authorize and approve the release of all information concerning the educational placement of my child _____, whose birthdate is _____.

Records are in the custody of:

Records will be sent to:

School

Name

Street

Street

City, State Zip Code

City, State Zip Code

Information included:

1. _____ Grades and/or academic standing, credits (units)
2. _____ Attendance Reports
3. _____ Behavior Reports
4. _____ Psychological Evaluation Report
5. _____ Individual Standardized Achievement Test Results
6. _____ Individual Education Program and Due Process Forms
7. _____ School Health Records
8. _____ All Educational Records
9. _____ All Medical Records (HIPAA Compliance)

My signature below constitutes notice to me that this information will be disclosed only to the recipient listed above. I understand that I may inspect this information and/or records if I make application to do so through the Pupil Personnel Office.

Birthdate of student over 18 _____

Signed _____

Parent, Guardian or Student (if 18)

Date

(Required if recipient is not an exception as listed in KRS 160.720)

Address:

