

LYME-OLD LYME PUBLIC SCHOOLS

Small Schools, Big Ideas



*Challenging * Achieving * Excelling*

REGION #18

Consent for Release of Information

Date: _____

Student: _____

Birthdate: _____

enrolled/enrolling in: _____

Grade: _____

Lyme-Old Lyme Public School Contact Person: _____

Contact Person Phone Number: _____

The confidentiality of personally identifiable information is required under the policies and procedures outlined in Connecticut General Statutes EHA-B Reg. 300-129, and the Family Educational Rights and Privacy Act (34 Code of Federal Regulations Part 99), as well as Lyme-Old Lyme Public Schools' policies and procedures. This material shall not be transmitted to anyone without written consent or other a uthorization as provided in the aforementioned statutes, policies and procedures.

I recognize that these records, once received by the school district, may not be protected by the HIPAA Privacy Rule, but will become education records protected by the Family Educational Rights and Privacy Act.

I grant permission for the Lyme – Old Lyme Public Schools to: invite to PPT and/or release to receive from verbally share with

(School, Agency, Hospital, Doctor)

(Address)

the following information:

- Official Administrative Records** (Name, address, birthdate, grade placement, grades, class standing, attendance record, standardized achievement test scores, etc.)
- Special Education Records** (IEP's, Psychological, Educational, Speech & Language, Occupational/Physical Therapy evaluations, etc.)
- Teacher and Counselor Observations and Ratings**
- General Health Records** (Record of immunization, recent physicals, record of visits to nurses' offices)
- Other:** _____

As applicable, please send requested records to:

(School, Agency, Hospital, Doctor)

(Phone Number)

(Contact Person)

(Fax Number)

(Address)

Signature of parent/legal guardian: _____ **Date:** _____

9/2015