

**RECIPROCAL CONSENT TO RELEASE AND SHARE
MEDICAL/EDUCATIONAL/OTHER IDENTIFIED INFORMATION**

The Individuals with Disabilities Education Act (IDEA) requires Raleigh County Schools to obtain written consent prior to the exchange of any individually identifiable information.

STUDENT INFORMATION

Name		School	
Parent		Birthdate	
Address		Medicaid	
		Diagnosis	
Telephone		WVEIS	

PHYSICIAN, AGENCY, OTHER IDENTIFIED PERSON INVOLVED WITH THE STUDENT

Name/Title			
Address			
Telephone		FAX	

SEND INFORMATION TO:

Telephone: _____

Fax: _____

ATTENTION OF:

CONSENT FOR RELEASE OF INFORMATION:

Extent of information to be shared: Information pertinent to the above individual's role in eligibility determination, assessment, Individual Education Plan (IEP) development and the provision of related services by Raleigh County Board of Education.

Purpose for the request of information: The information will be used to assist in the determination of an appropriate education program for the student. The authorization will permit Raleigh County Special Education professionals/school administrator and/or the physician/agency/other identified person involved with the student to freely exchange information regarding the student to provide the student services based on the educational needs determined by the IEP.

Method and persons with whom information may be shared: Verbal and written correspondence between the identified physician/agency/other identified person involved with the student and the Director of Special Education, Designee of the Director of Special Education and School Administrator.

This information is for confidential use. All rights are protected under the Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA) and the Individuals with Disabilities Improvement Act (IDEA). Consent may be revoked at any time upon the written request of the family or legal guardian, except to the extent that information has already been supplied under this authorization.

Raleigh County Schools intends to release the following information with permission:

___ **School Records:** Current grades, birth certificate, immunization record, achievement testing, attendance, report cards, discipline records, Eligibility Committee Report, current IEP, Classroom Teacher Report(s), Classroom Observation(s), psychological evaluations, and other reports as needed such as speech/language, occupational therapy, physical therapy, social work, etc.

___ **Medical Records:** Medical, Psychological records, brief summary of health history, diagnosis, current health status, and any other pertinent information deemed necessary to assist in implementing a safe and positive school experience for this student.

___ **Other (Specify):** _____

I give my informed consent for verbal and written communication between the identified physician/agency/other identified person involved with this student and the Director of Special Education/Designee and/or School Administrator.

Signature of: Parent/Guardian/Surrogate Parent/Eligible Student

Date: _____

This consent will be valid for one year from the parent assigned date unless otherwise specified