



Bainbridge Island School District

Request for Transfer of Records/Authorization for Exchange of Confidential Information

Purpose: As a parent, guardian or student, you have the right to give or deny permission for the release or exchange of your/child's records with other persons or agencies. This document allows you to approve such a request, unless release of records is allowed under one of the exceptions to the Family Education Rights and Privacy Act (FERPA), e.g., transfer of records from one school district to another.

Student Name: _____ DOB: _____

School: _____

I hereby authorize the release and/or exchange of information regarding the above named student between:

Name of Agency/Person _____
Address _____ Phone Number _____
City, State, Zip Code _____ Fax Number _____

And:

<input type="checkbox"/> Blakely Elementary School 4704 Blakely Ave Bainbridge Island, WA 98110 Phone: (206) 842-4752 Fax: (206) 780-2040	<input type="checkbox"/> Ordway Elementary School 8555 Madison Ave NE Bainbridge Island, WA 98110 Phone: (206) 842-7637 Fax: (206) 780-1560	<input type="checkbox"/> Wilkes Elementary School 12781 Madison Ave NE Bainbridge Island, WA 98110 Phone: (206) 842-4411 Fax: (206) 780-3000
<input type="checkbox"/> Sakai Intermediate School 9343 Sportsman Club Rd Bainbridge Island, WA 98110 Phone: (206) 780-6500 Fax: (206) 780-6565	<input type="checkbox"/> Woodward Middle School 9125 Sportsman Club Rd Bainbridge Island, WA 98110 Phone: (206) 842-4787 Fax: (206) 780-4525	<input type="checkbox"/> Bainbridge High School 9330 NE High School Rd Bainbridge Island, WA 98110 Phone: (206) 842-2634 Fax: (206) 780-1260
Please check: <input type="checkbox"/> Odyssey <input type="checkbox"/> Eagle Harbor High School <input type="checkbox"/> Home School Support Commodore Options School 9530 NE High School Rd Bainbridge Island, WA 98110 Phone: (206) 780-1646 Fax: (206) 855-0511		<input type="checkbox"/> Special Services Bainbridge Island School District Office 8489 Madison Avenue NE Bainbridge Island, WA 98110 Phone: (206) 842-2907 Fax: (206) 780-1089

Information to be disclosed:

- Transcripts of Courses, Grades, Attendance
- Special Education Records
- Group Standardized Test Results
- Administrative Records (including Discipline*)
- Psychological and Counseling Records
- Mental Health/Illness⁺
- Health Records (Immunizations, Height/Weight, Vision/Hearing, etc**)
- Other (specify): _____

The reason for disclosing the record(s) is: _____

**The school enrolling the student shall request the school the student previously attended to send the student's permanent record including reports of disciplinary action (RCW 28A.225.330).*

Records obtained in response to this request become subject to the federal Family Education Rights and Privacy Act of 1974 (FERPA), which requires prior written consent from the parents of the students before the records may be shared with any other party, except in the case of student transfer to another school system. FERPA also assures parent access to the records of the student upon their request. Please note that if the request is for health or medical information, the medical information received by the district is protected under FERPA privacy standards and not the Health Insurance Portability and Accountability Act (HIPAA).

I understand that the information obtained will be treated in a confidential manner by the school district under the provisions of the FERPA, which prohibits disclosure of personally identifiable information without consent except in limited circumstances. I understand that my consent for the release of records is voluntary and that I may withdraw my consent at any time in writing. Should I withdraw my consent, it does not apply to information that has already been provided under the prior consent for release.

***Confidential medical information may be disclosed only upon receipt of an Authorization for Exchange of Confidential Medical Information Form identifying names and positions of persons to whom the information is to be disclosed and signed by parent/guardian/student (RCW 70.02.030).*

Authorization is provided until _____ or for one calendar year from date of signature, if not otherwise specified. (Note: for release of medical records, the authorization can be no longer than 90 days from date of signature.)

Parent/Guardian/Adult Student Signature

Student Signature

(Required for release of all medical; ⁺ mental health records for students 13 years or older. Preferred but not required in other cases)

Date