



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:

Table with 3 columns and 3 rows of school options, each with a checkbox and contact information. Includes Blakely, Ordway, Wilkes, Sakai, Woodward, Bainbridge High, and Special Services.

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.

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.

**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