

Copies: Parent
Cumulative file
Student Services Office

**Nordonia Hills City School District
Pupil Service Office
9370 Olde Eight Road
Northfield, OH 44067**

**PARENT / GUARDIAN / STUDENT
CONSENT FOR RECORD RELEASE**

Identify party from which to access information
To: _____
(Physician / Educ. Agency / Counselor / School, etc..)
Address _____

City State Zip

Regarding:

Student Name

Date of Birth

School

From:

Name of Staff Member Title

We are requesting the following information / records for the above-named student:

_____ All personally identifiable data on file ("personally identifiable" means information that includes all of the above, and a personal identifier, such as the child's social security number or student number; or a list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty).

_____ The following records only (Please specify) "HIPAA excludes education records covered by FERPA, including those education records under Parts B,C, & D of IDEA from the definition of protected health information. (e.g. indiv. identifiable health information of students under 18 "created by a nurse in a primary or secondary school" that receives federal funds and is subject to FERPA is an education record, but not protected health information).

Reason for the request: (please check)
_____ To aid in making present and future educational decisions
_____ Other (Please specify)

_____ "Education Records" means records that are directly related to a student and maintained by an educational agency or institution or by a party acting for the agency or institution. This term does not include those records which are excluded under 34C.F.R. 99.3

(Signature of parent / guardian / or student if 18 or older)

(Printed name)

(Address including city and state)

(Date)

OFFICE USE ONLY
Date data released _____
By _____
(Name / Position)
Date copies mailed _____
By _____
(Name / Position)