

**AUTHORIZATION FOR DISCLOSURE OF INFORMATION**  
**Brandon Valley School District**  
\_\_\_\_\_ **School**

\_\_\_\_\_ **Brandon, SD 57005**

**Phone (605)** \_\_\_\_\_ **Fax (605)** \_\_\_\_\_

**Attention:** \_\_\_\_\_

**I hereby authorize the use or disclosure of individually identifiable educational or health information as described below.**

1. Organization(s) or person(s) allowed **to release** the information indicated by this form:

\_\_\_\_\_ Brandon Valley School District  
\_\_\_\_\_ Other: \_\_\_\_\_

2. Organization(s) or person(s) **to receive** the information as indicated by this form:

\_\_\_\_\_ Brandon Valley School District  
\_\_\_\_\_ Other: \_\_\_\_\_

3. Specific description of the educational or health information that may be used or disclosed:

\_\_\_\_\_ Report Card/Transcript/Attendance                      \_\_\_\_\_ Hospital or Clinic Reports/records  
\_\_\_\_\_ Standardized Test Scores    \_\_\_\_\_ Health/Medical Records  
\_\_\_\_\_ Special Education Records    \_\_\_\_\_ Other: \_\_\_\_\_  
(Assessment Reports & IEP) \_\_\_\_\_

4. The information will be used or disclosed for the following purpose(s):

\_\_\_ At the request or direction of the undersigned individual  
\_\_\_ To plan an appropriate educational program addressing special needs and/or attendance  
\_\_\_ Other: \_\_\_\_\_

5. I understand that if the person or entity that receives the above information is not a health care provider, health plan or school district covered by federal privacy regulations (Family Education Right Privacy Act – FERPA or Health Insurance Portability and Accountability Act - HIPAA), the information may no longer be protected by the federal privacy regulations.

6. I understand that this authorization is voluntary and that I may refuse to sign this authorization. Unless allowed by law, my refusal to sign will not affect my ability to obtain treatment/education services or eligibility for benefits.

7. I understand that I may revoke this authorization at any time by written notification to the releasing party. However, the revocation is not valid if action was previously taken in reliance on this authorization.

8. This authorization expires:

\_\_\_ The following date: \_\_/\_\_/\_\_\_\_  
\_\_\_ When the following event occurs: \_\_\_\_\_

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness/Brandon Valley School District Representative

\_\_\_\_\_  
Date

PARENT SIGNATURE IS NOT REQUIRED FOR EDUCATIONAL OR IMMUNIZATION RECORDS SENT TO EDUCATIONAL AGENCIES

Records are released and maintained in compliance with the Family Education Rights and Privacy Act of 1975 (PL 93-3580) (Buckley Amendment, Title V, Sec. 513-515). Any information disclosed to the Brandon Valley School District or to any employee of the District, becomes a part of the student's educational record. Unless specified as "confidential" or "not to be released to a third party", material disclosed to the District or an employee will be released with the educational record.