

**STUDENT SERVICES RECORDS REQUEST**

| **Student Information:** | **Student Name:** **DOB:** **/****/** |
| --- | --- |
| **Release**  **Records**  **FROM:** | **Agency/Clinic/School Name:**  **Contact Person Name:** **Title:**  **Address:**  **(Street Address) (City) (State) (Zip code)**  **Phone:** **FAX:** |
| **Release**  **Records**  **TO:** | **Agency/Clinic/School Name:**  **Contact Person Name:** **Title:**  **Address:**  **(Street Address) (City) (State) (Zip code)**  **Phone:** **FAX:** |
| **Information to be Released:** | ☐ All personally identifiable medical records including the patient’s diagnosis, prognosis, treatment plan, and other medical records relevant to the education of this individual.  ☐ Educational records pertaining to: student progress, attendance, discipline, §504, and special education.  ☐ Other Records:        **From:** **/****/****To:** **/****/**  (Date) (Up to 1 Year From Date) |
| **Reason for Release:** | I would like this information released for the following purpose:  ☐ To aid in current and future educational decisions and planning.  ☐ To allow consultation between the school nurse,      and the treating physician and clinic/agency staff members.  ☐ Other: |

I have read and understood the following:

☐ If I so choose, I may write to the facility FROM which I have authorized the release of records and revoke this consent. This will not apply to records that have *already* been released but my signed and dated revocation will immediately terminate the release of any *additional* information.

☐ I understand that the information disclosed to Marysville Exempted Village Schools or its staff members through this release of information will be maintained as confidential information as defined by the Ohio Administrative Code.

☐ This release of information expires no later than one year from the date it is signed, or as specified above.

**Signature of person authorized to consent: Date:**

**Relationship:** **Phone #:** **Cell #:**

**(e.g., mother, father)**

**Address:** **(Street Address) (City) (State) (Zip code)**