

**AMARILLO INDEPENDENT SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT
AMARILLO, TEXAS**

**Consent to Release Records Concerning Students with Disabilities
Living in Residential Care Facilities**

A. STUDENT CLIENT

I give this consent for _____ whose birthdate is _____

B. PURPOSE

I understand that this consent is given for the following purpose(s):

CHECK AND INITIAL APPLICABLE PURPOSES

- To assist in additional funding
- To assist in evaluation and treatment
- To provide information to agencies listed below
- To coordinate discharge/placement/planning
- To assist in educational placement
- Other: _____

C. AGENCIES RELEASING RECORDS

I hereby give consent to the following agencies to release and/or receive the records described in Section D below:

CHECK AND INITIAL APPLICABLE AGENCIES

- Texas Department of Human Services
- Texas Department of Mental Health and Mental Retardation
- Texas Department of Health
- Texas Rehabilitation Commission
- Texas Commission for the Blind
- Interagency Council for Early Childhood Intervention
- Texas Juvenile Probation Commission
- Texas Youth Commission
- Texas Department of Protective and Regulatory Services
- Amarillo Independent School District
- Other: _____

D. RECORDS TO BE RELEASED

1. Released by Amarillo Independent School District

I hereby authorize release of the following educational records concerning the above student/client by the Local Educational Agency to the Agencies identified in Section C above:

CHECK AND INITIAL APPLICABLE RECORDS

- Individual Education Plans (IEP's) for the _____ time period
- ARD Committee Deliberations for the _____ time period
- Individual Transition Plans (ITP's) for the _____ time period
- Grade Reports for the time period _____
- Attendance Reports for the _____ time period
- Disciplinary Referrals for the _____ time period
- Comprehensive Individual Assessments for the _____ time period
- Vocational Assessments for the _____ time period
- Other: _____

2. Records Released by Non-Educational Agencies

I hereby authorize the release of the following records to the Amarillo Independent School District by the Agencies identified in Section C above:

CHECK AND INITIAL APPLICABLE RECORDS

- Birth certificate or another "proof of identity" document
- Medical history and medical records, including psychiatric and psychological records for the _____ time period
- Mental health records, including psychological and psychiatric records for the _____ time period
- Current immunization records for the _____ time period

2. Records Released (continued)

- Social history for the _____ time period
- Vision and hearing screening and/or evaluation for the _____ time period
- Assessment reports, including psychological, educational related services, and vocational assessments for the _____ time period
- Treatment plan of care for the _____ time period
- Educational history (at least previous educational placement to facilitate efforts to obtain educational records from previous local educational agency) for the _____ time period
- Court order which authorizes the placement in the Residential Care Facility for the _____ time period
- Other _____

E. RIGHTS OF CONSENT

By signing this consent, I acknowledge the following:

1. I understand that the records and information released under this consent will be kept confidential to the extent permitted by law and used for the purpose indicated in Section B above.
2. I understand that I can still apply for and receive services for the above student/client, if eligible, without signing this form.
3. I understand that this consent is voluntary and may be revoked at any time by informing _____, in writing, except that agencies have already taken action in reliance of it.
4. I understand that I will be notified in writing of each release of educational record.
5. I understand that I can obtain a copy of any record released by this consent upon request in writing to the releasing agency, subject to any applicable copying costs and legal requirements.
6. I understand that this consent is effective for one (1) year in that this consent expires one (1) year from the date of my signature, unless revoked earlier.
7. If I am signing as a parent of a minor child, or guardian of a minor child, I understand the records released may contain references to myself or my family.
8. I understand that release of records under this form is subject to any limitations placed by federal and state law.

SIGNATURE OF PARENT, GUARDIAN OR ADULT STUDENT

RELATIONSHIP TO STUDENT/CLIENT

Address: _____

Date: _____

Telephone Number: _____

WITNESS

Address:

Date: _____