

SCHOOL DISTRICT OF MANAWA

347

STUDENT RECORDS

Student records shall be maintained in the School District of Manawa to assist school personnel in providing appropriate educational experiences for each student in the District.

The Board recognizes the need for confidentiality of student records. Therefore, the District shall maintain the confidentiality of student records at collection, storage, disclosure and destruction. Student records shall be available for inspection or release only with prior approval of the parent/guardian or adult student, except in situations where legal requirements specify release of records without such prior approval.

Building principals shall have primary responsibility for the collection, maintenance and dissemination of student records in accordance with state and federal laws and established procedures. All persons collecting or using student records shall be trained annually by building principals in confidentiality policies and procedures.

LEGAL REF.: Sections 115.812(2) Wisconsin Statutes
118.125
118.126
118.127
118.51
118.52
146.81 - 146.83
252.15
767.24(7)
938.396
Family Educational Rights and Privacy Act (20 U.S.C. Section
1232g, 45 C.F.R. Section 99)

CROSS REF.: 347-Rule, Guidelines for Maintenance and Confidentiality of
Student Records
347-Exhibit, Student Records Notice
821, Access to Public Records

APPROVED: February 15, 1999

PERMISSION TO OBTAIN AND RELEASE INFORMATION

Dear: _____ **Date:** _____

*In order for us to obtain and release information regarding your child, _____,
Name of Child*

please complete and return this form. If you have questions, contact me at: _____.

Sincerely,

(Name and title of school district contact person)

PARENT PERMISSION TO OBTAIN AND RELEASE INFORMATION (Two way communication)

I, the undersigned, hereby request and authorize:

School/Agency: _____

Address: _____

Contact Person: _____

To release to or obtain from:

School/Agency: _____

Address: (Include City, State, Zip): _____

Contact Person:

the information, which I have indicated below:

Name of Child: _____

Date of Birth: _____

- Official child academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement assessment results)
- Medical and/or related health records. Type of provider _____
- Medical history/diagnostic/therapeutic information from _____ to _____ including:
 - Mental Health HIV Developmental/ Learning Disability Drug/Alcohol Abuse
- Specific information (i.e., x-ray films, photographs) or verbal exchange with:
 - Medical information limited to: _____
 - Psychological evaluations or social work reports
 - Evaluation and related reports

- Appropriate agency reports
- Exchange/release of the IEP documentation
- Attendance, participation, development and/implementation of the IEP
- Other (specify) _____

Purpose _____ of _____ disclosure:

****This permission is valid for one year from the date signed. A copy of this form is as effective as the original.**

I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and that the written revocation must be given to the agency/organization I authorized to release information. I recognize that health records, once received by the school district, may not be protected by the HIPPA Privacy Act and may become education records protected by the Family Educational Rights and Privacy Act (FERPA) with additional protection afforded by Wisconsin Statutes 118.25(2m)(a)(b) and 146.83. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

Signature of parent / relationship

Date

The school district does not discriminate on the basis of race, sex, age, religion, disability, or national origin.

Approved: December 19, 2011

