

Bedford County Public Schools

311 South Bridge Street, Bedford, VA 24523



Authorization for Confidential Release and Exchange of Education and Health Records

FULL LEGAL NAME OF STUDENT	GRADE LEVEL OF STUDENT	DATE OF BIRTH OF STUDENT
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SCHOOL/AGENCY/PERSON RELEASING RECORDS	ADDRESS	PHONE NUMBER	FAX NUMBER
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OFFICIAL REQUESTING RECORDS/TITLE	ADDRESS	PHONE NUMBER	FAX NUMBER
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I request the release or exchange of the following information on my child or ward to the official stated above for the purpose of: _____

✓CHECK ALL THAT APPLY:

- ☐ Official Scholastic Record (includes: student name/address, parent's names/addresses, certified copy of birth certificate (Code of Virginia § 22.1-3.1C) or birth certificate number as recorded by another VA public school, birth date, grade level completed, class standing, attendance record, Student Testing Identifier (STI), extracurricular activities, citizenship, if other than the United States, etc.)
- ☐ Scholastic grades (historical and withdrawal grades with grading scale) ☐ Discipline record
- ☐ Group and individual intelligence, achievement, aptitude, and interest test scores (includes: ACCESS for ELLs, ACT, AP, CogAT, College Entrance Exams, Growth Assessments, IOWA, ITBS, Naglieri, OLSAT, PALS, PSAT/NMSQT, SAT, SOL, Stanford, VAAP, WorkKeys, etc.)
- ☐ Certification/Credentialing records ☐ Academic Career Plan
- ☐ English Language Learner (ELL/EL) records ☐ Talented and Gifted (TAG) records
- ☐ 504 records, Individualized Education Program (IEP), latest eligibility minutes, eligibility summary, SCT information, evaluation reports and functional behavioral assessments.
- ☐ All health records listed below:
 - ☐ Physical and immunization records with dates signed by doctor or school nurse ☐ Lab reports
 - ☐ Medical diagnosis ☐ Doctors orders ☐ Medical Care Plan ☐ Mental Health/Psychiatric
 - ☐ Discharge summary ☐ Audiological/Vision ☐ Speech reports ☐ Social/Cultural
 - ☐ Psychological reports ☐ Fitness data
- ☐ Others (please specify): _____

This authorization is valid for one year unless specified otherwise. It will expire on _____.

I understand that I may withdraw this authorization by submitting written notice to the school/agency/person releasing the records stated above. I understand that health records, once received by the school district, may no longer be protected by HIPPA, but they will become education records protected by the Family Educational Rights and Privacy Act (FERPA). I have the right to request a hearing to challenge the content and accuracy of these records on the student/patient named above.

SIGNATURE OF PARENT/GUARDIAN/LEGAL CUSTODIAN OR ELIGIBLE STUDENT

DATE

SIGNATURE OF SCHOOL OFFICIAL COMPLETING

Revised - June 2023