

POCATELLO/CHUBBUCK SCHOOL DISTRICT NO. 25
3115 Pole Line Road
Pocatello, ID 83201
(208) 232-3563, Fax (208) 235-3280

Outside Agency Request of Release of Student Records

Student _____ Birth Date _____ Grade _____

Student Address _____
Street/PO Box _____ City/State _____ Zip Code _____

Student Phone Number _____

I am submitting a request for release of student records for the above-named student as follows:

From: Name of School _____
Mailing Address of School _____
Phone No. _____
To: Contact Person/Outside Agency _____
Mailing Address _____
Phone No. _____

Requested records to be released are indicated as follows:

- ____ 1) Scholastic Achievement Data (including transcript of credits and grades at time of withdrawal)
____ 2) Standardized Test Data
____ 3) Medical Data
____ 4) Psychological Data
____ 5) Sociological Data
____ 6) Discipline Records
____ 7) Special Education Records
 a. Current IEP
 b. Initial Placement
 c. 3 Year Evaluation
____ 8) 504
____ 9) Other _____

Parent//Guardian/Adult Student Authorizes Release:

Parent/Guardian/Adult Student _____ Date _____

I understand that this information will be kept confidential according to the Family Education Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA) and any other applicable state or federal regulation.

Outside Agency/ Contact Person _____ Date _____

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Attached is a lawfully issued subpoena for release of student records.
Pocatello/Chubbuck School District is required to notify the parent/guardian/adult student of a judicial order or lawfully issued subpoena in advance of such compliance.

Principal	Superintendent/Designee	Date
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Release of Records:

Granted: _____

Denied: _____

If Denied, state reason: _____