

**SAN ANTONIO INDEPENDENT SCHOOL DISTRICT  
NOTICE FOR RELEASE/CONSENT TO REQUEST CONFIDENTIAL INFORMATION**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

We are requesting that you authorize the release of specified records containing confidential information regarding the above-named student.

<input type="checkbox"/> <b>SAN ANTONIO ISD HAS PERMISSION TO RELEASE INFORMATION TO:</b> Name: _____ Address: _____ _____ Phone: _____ FAX: _____	<b>RECORDS REQUESTED</b> <input type="checkbox"/> Transcript & Immunization <input type="checkbox"/> Section 504 Evaluation <input type="checkbox"/> OT/PT Assessments <input type="checkbox"/> Vision/Hearing <input type="checkbox"/> Medical <input type="checkbox"/> Section 504 Accommodation Plan <input type="checkbox"/> Written Communication <input type="checkbox"/> Other: _____
<input type="checkbox"/> <b>SAN ANTONIO ISD HAS PERMISSION TO REQUEST INFORMATION FROM:</b> Name: _____ Address: _____ _____ Phone: _____ FAX: _____	_____ _____

**PURPOSE OF DISCLOSURE:**

- Education Planning     
  Student Transferring Into/Out of District     
  Other: \_\_\_\_\_

**To obtain assistance in understanding this notice, please contact:**

**School Staff Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

- Yes     No    I have been fully informed and understand the school's request for my consent for release of the student's records as described above. This information will be released upon receipt of my written consent.
- Yes     No    I understand that my consent is voluntary and may be revoked in writing at any time. Otherwise, this Release is valid for one year from the date of the signature.
- Yes     No    I understand that I will be notified in writing of each release of educationally related information.

Your rights were explained to you when you were/your child/adult student was initially referred for a Section 504 evaluation. Federal regulations require that parents and adult students be provided a full explanation of all rights in their native language or other mode of communication upon initial referral for evaluation, each notification of a Section 504 meeting, upon re-evaluation, upon receipt of request for a due process hearing, and upon a manifestation determination review, or if a removal is contemplated that constitutes a change of placement. Another copy of the rights is included with this form.

\_\_\_\_\_  
Signature of Parent, Guardian, Surrogate Parent, or Adult Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Interpreter, if used

\_\_\_\_\_  
Date

Please return to: \_\_\_\_\_

Date Mailed/Sent \_\_\_\_\_

Address: \_\_\_\_\_