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.

☐ **SAN ANTONIO ISD HAS PERMISSION TO RELEASE INFORMATION TO:**

Name: _____

Address: _____

_____

_____

Phone: _____ FAX: _____

☐ **SAN ANTONIO ISD HAS PERMISSION TO REQUEST INFORMATION FROM:**

Name: _____

Address: _____

_____

_____

Phone: _____ FAX: _____

RECORDS REQUESTED

☐Transcript & Immunization

☐Section 504 Evaluation

☐OT/PT Assessments

☐Vision/Hearing

☐Medical

☐Section 504 Accommodation Plan

☐Written Communication

☐Other: _____

_____

_____

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: _____

Address: _____ Date Mailed/Sent _____

SAN ANTONIO INDEPENDENT SCHOOL DISTRICT
DYSLEXIA/504/RtI

STUDENT ELIGIBILITY FOLDERS TRANSMITTAL FORM

FROM: _____ TO: _____
Sending School Receiving School

STUDENT NAME	ID NUMBER	TYPE OF FOLDER	DISABILITY	DATE OF LAST ANNUAL REVIEW
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12				
13.				
14.				
15.				

_____ _____
Signature of Sending Principal Signature of Receiving Principal

_____ _____
Date Date

ACKNOWLEDGEMENT OF 504 RECORDS

I have received the

_____ Section 504 Individual Accommodation Plan

_____ Section 504 Behavior Intervention Plan

Student Name: _____

School Year: _____

1. I understand the contents of the records
2. I understand that I must implement the required accommodations.
3. I understand that I may contact the campus Section 504 coordinator for clarification regarding the records.

Teacher's Name: _____

Teacher's Signature: _____

Date Received: _____

San Antonio Independent School District
504 Folder Review

Student: _____ **Student ID#:** _____

Response to Intervention Plan Required Forms and Supporting Documents	Other: _____	504 Referral Form	Section 504 Receipt of Rights	Notice and Consent for Initial Section 504 Evaluation form	Notice of Section 504 Committee Meeting	Section 504 Evaluation	Notice of Section 504 Evaluation Results	Section 504 Accommodation Plan	Dyslexia/504 Data Entry Form	Section 504 Manifestation Determination (if/when appropriate during time 504 Services provided)	Notice of Section 504 Committee Meeting (Annual Reviews)*	Section 504 Accommodation Plan (Annual Reviews)*	Acknowledgement of 504 Records	Section 504 Eligibility Folder Access	Reviewer's Signature
Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	
Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	
Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	
Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	
Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	

Reviews must be held annually or sooner if the identified accommodations are not successful.
**The Data Entry form is used when a student qualifies for 504 services and when a student no longer qualifies for 504 services.