**FERPA CONSENT TO RELEASE STUDENT INFORMATION**
**(Outgoing Student Records)**

**Avon Grove Charter School**
**110 E. State Road**
**West Grove, PA 19390**
**Phone: 484-667-5000**
**Fax: 610-869-5892**

**Kristen Bishop**
**Head of School**

**TO: _____**
[Name(s) and titles(s) of school district person(s) to provide the information]

**PLEASE PROVIDE INFORMATION FROM THE EDUCATIONAL RECORDS OF**

**_____, DOB _____**
Student

**to _____**
[Name(s) and title(s) of person(s) to receive the information]

_____
[Name of Organization or Company]

The only type of information that is to be released under this consent is
_____ transcript or grades
_____ disciplinary records
_____ recommendations for employment or admission to other schools
_____ medical records contained in the student's file including mental health records supplied by the parents/guardians
_____ all records
_____ other (specify) _____
[Such as Special Education records including current IEP and all Evaluation Reports]

The information is to be released for the following purpose:
_____ family communications about experience
_____ employment
_____ admission to an educational institution
_____ other (specify) _____

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand that the confidentiality of my medical records will be the responsibility of the recipient and that I have rights pursuant to the Health Insurance Portability and Accountability Act (HIPAA) to preserve the confidentiality and disclosure of the same if medical information is sent to a health care provider subject to HIPAA (physician, dentist, physical therapist, psychologist, psychiatrist, hospital, clinic, lab, etc.). I understand that I may revoke this consent by informing Avon Grove Charter School in writing. Any such revocation shall not be effective until received by the Avon Grove Charter School and shall not apply to disclosures made by the Avon Grove Charter School prior to receipt of any revocation of my Consent.

**Name (print): _____ Student ID Number: _____**

**Signature: _____ Date: _____**

**HIPAA Compliance Notice Recipient of FERPA Records**

**Note: If a HIPAA "covered entity" is the recipient of student health information, the Avon Grove Charter School and the student expect full compliance with HIPAA in the preservation and maintenance of confidentiality of the medical information released hereunder.**