928-855-0154 Fax 928-855-7172
*"Forming courageous Catholics in the virtues of Christ…"*
*Brittney Delgado, Principal*

1975 Daytona Drive,
Lake Havasu City, AZ 86403
*Fr. Anthony Okolo, C.S.Sp., V.F., Parochial Admin.*

# Authorization for Release of Information

The Family Education Rights and Privacy Act (FERPA) OF 1974 specifies that student records will not be released to any individual, institution, or organization without permission from the parents of a student under 18 years of age. At age 18, a signed release is required from the student's parent to release documents to any individual, institution, or organization.

Our Lady of the Lake Catholic School is required by law to protect the privacy of the information we have about students and will only utilize information provided in a student's educational and medical records in accordance to procedures and guidelines outlined by FERPA and HIPPA.

The information that we are requesting is for the confidential use of the personnel who are directly concerned with helping your child. Federal Law 99.31, ARS 15-151 allows the release of educational records of students without consent of their parents to officials of other school systems in which the student is intends to enroll.

In the interest of the student, please sign below to release all records to ensure a smooth transition for the student's enrollment at Our Lady of the Lake Catholic School.

Student Name: _____ DOB: _____ Grade: _____

Former School: _____
School
Address: _____State: _____ Zip:_____

Phone Number: _____ Fax Number: _____

## Request for Confidential Reports and Records

I hereby give my consent to disclose the existing records specified below. The information released is protected under the Family Educational Rights and Privacy Acts of 1974, which prohibits disclosure to any party without the written consent of the parent of eligible student, except as permitted by law, and may only be used by you for the purpose for which the disclosure was made. This request applies only to those records existing on the date of signature. Released information may become a part of the educational record of the student and then will be available for parental review. This consent form expires one year the date below, unless revoked by me in writing.

Please send us, at your earliest convenience, the cumulative folder and complete transcript of the work completed by the above student. Please email records to Barbara Palmieri, Administrative Assistant, at bpalmieri@ourladylhc.org.

PLEASE INCLUDE:

1. Cumulative record (with up to date grades and dates of attendance)
2. Discipline Records
3. Psychological Reports and/pr all evaluations from related service providers
4. Student Support Plan or IEP (Complete IEP Documents, Conference Notes, Eligibility and Initial Placement Forms)
5. Complete Health and Immunization Records
6. Birth Certificates
7. Court Custody Records

☐ Please email IEP documents, birth certificates and immunizations records immediately if box checked.

_____ _____ _____
Print Parent Name Parent Signature Date

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Office use only

Records sent: _____Date: _____By: _____
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