# STUDENTS 09.14 AP.24

Authorization for Release/Inspection of Student Records

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Schools are hereby authorized to:

🞏 Release or copy

🞏 Permit the inspection of

the records listed below for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who was born on

***Student’s Name***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Your permission to release this information is requested in order to invite various transition agencies to participate in educational meetings and have access to records for the purpose of coordinating transition services. Some examples of transition agencies who might be invited or granted access, as necessary, and dependent on individual student needs are: The Office of Vocational Rehabilitation, Job Corps., Supported Employment, KY IMPACT, Community Alternatives, JOBS program, vocational/technical colleges, community colleges, or universities. This list is not all inclusive.

I understand that the records affected are checked below, along with the reason(s) for the requested release or authorization to inspect.

|  |  |
| --- | --- |
| **RECORDS** | **REASON** |
| • **All cumulative records** | Coordination of transition services |
| 🞏 Attendance record only |  |
| 🞏 Grade records only |  |
| 🞏 Standardized test data only |  |
| • **Special Education Records** |  Coordination of transition services |
| 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Parent/Guardian’s or Signature Date***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Student Signature, 18 Years of Age or Older*** ***Date***