Avoyelles Parish Schools

Department of Special Services

Record of Access for Examination of Confidential Files

Student’s Name:

I understand that my signing of this form grants me authorization to review these files. I understand that contained within this file is confidential and personally identifiable information regarding the above listed special needs student. I hereby agree to review these files within the confines of the special needs teacher’s classroom and/or the Confidential Files Room at the central office and maintain the confidentiality required by state and federal regulations.

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| Date | Name of Person Examining Files | Title of Person Examining Files | Reason for Examination of Files |
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Teachers,

Before granting an individual access to a file other than those who provide services to the student, please request some form of picture identification to maintain confidentiality.

Updated 7/2019