Liberty Center Local Schools
Release of Information and School Records
419-533-5011 Fax: 419-533-5036

Student's Name: _____

Date of Birth: _____ Current Grade: _____

Previous School District: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Release of Information and Records

In order to ensure your child is provided with equal access (both physical and academic) to services, programs, and activities offered by our school; a mutual exchange of information and records is required for your child. The requested exchange is between the Liberty Center Local Schools and schools, hospitals, clinics, physicians, institutions, and associations.

Liberty Center is requesting the official records for the above named student. Please include the following:

- Grades
- Health and immunization records/dates
- All testing results
- IEP/ETR information and psychological evaluations; if applicable
- Student Log Entries Page (IF PowerSchool User)
- Other: _____

Please send all records/information to:

Liberty Center Local Schools
Attn: Ruth Niese
100 Tiger Trail
Liberty Center, OH 43532
Email: rniese@libertycenterschools.org
Fax: 419-533-5036

Consent of Parent/Guardian for Release of Information

I authorize Liberty Center Local Schools and the above named individual, organization, and/or agency to exchange information and records as indicated. Except as limited above;

this authorization encompasses all information pertaining to the minor, including Protected Health Information (PHI) as defined in the Health Insurance Portability and Accountability Act (HIPA), and its implementing regulations, and education records as defined in the Family Educational Rights and Privacy Act (FERPA) and R.C. 3319.321.

We expressly waive all provisions of law (including, but not limited to, the privacy provisions of HIPPA, FERPA, and R.C. 3319.321), forbidding any physician or other person(s) who has or may hereafter treat, attend, or examine the minor, or any educational agency, from disclosing any knowledge or information, including PHI, which they may have thereby acquired. Pursuant to HIPPA, the following are specified as part of this authorization:

A. This authorization expires one (1) year after the date it is signed.
B. The parent/guardian signing this permission form understand that they may revoke this authorization at any time by providing written notification to the District Compliance Officer, the Building Principal/Building Compliance Officer; or the individual, organization, or agency listed above, except to the extent that this authorization has already been relied upon.
C. The parent/guardian signing this form have been informed that the individual, organization, and/or agency listed above may not condition treatment, payment, enrollment, or eligibility for benefits on whether the parents sign this authorization.
D. The parent/guardian signing this form have been informed of the potential for information disclosed pursuant to this authorization to be subject to re-disclosure by the recipient and be no longer protected by HIPPA. The parent/guardian signing this form are also aware that any information disclosed to the School District is subject to other State and Federal privacy laws.

Parent/Guardian Signature: _____Date: _____