

## RELEASE OF STUDENT DATA/RECORDS

The parent/legal guardian of any student enrolled in Alleghany Highlands School Division may authorize the release of their student's data/records to any individual or Agency upon completion and execution of the Consent for Release of Student Data/Records form accompanying this policy.

This form may be used by Community Policy and Management Teams, and the Departments of Health, Social Services, Juvenile Justice, and Behavioral Health and Development Services.

Adopted: July 1, 2022

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Legal Ref.: Code of Virginia, 1950, as amended, §22.1-79.3.

## CONSENT FOR RELEASE OF STUDENT DATA/RECORDS

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of School \_\_\_\_\_ ID # \_\_\_\_\_

Student Address \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Parent/Legal Guardian (1) Mobile Telephone # \_\_\_\_\_

Parent/Legal Guardian (2) Mobile Telephone # \_\_\_\_\_

I authorize the \_\_\_\_\_ Division to release to the individual or Agency identified below identifying educational/medical data and records (the "Records") of the student listed above. I understand that in addition to educational records and data, such Records may also contain health information pertaining to diagnosis and treatments, immunization records, suspensions/office referral data, attendance data, referrals to student service teams, as well as written communications with school staff related to mental health interventions.

### Time Period During Which Release of Student/Data is Authorized:

**From:** Date that form is signed below.

**Until:** \_\_\_\_\_

### Name of Authorized Individual or Agency

**Name and Title** \_\_\_\_\_

**Agency Name (if applicable)** \_\_\_\_\_

**Address (1)** \_\_\_\_\_

**Address (2)** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Fax Number** \_\_\_\_\_

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**Signature of Parent/Guardian** \_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_

**Relationship to Student** \_\_\_\_\_

**Date** \_\_\_\_\_

**Witness** \_\_\_\_\_