

RELEASE OF STUDENT DATA/RECORDS

The parent/legal guardian of any student enrolled in Lynchburg City 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: December 4, 2018

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



LYNCHBURG CITY SCHOOLS

CONSENT FOR RELEASE OF STUDENT DATA/RECORDS

Student Name: _____ Date of Birth _____

Name of School: _____ School ID #: _____

Student Address: _____

Home Telephone #: _____

Parent/Legal Guardian (1) Mobile Telephone # : _____

Parent/Legal Guardian (2) Mobile Telephone # : _____

I authorize (Lynchburg City Schools) 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, as well as the address, telephone number, and email address of a student. I understand that I may withdraw this authorization by submitting written notice to the school/agency/person releasing records stated below. I understand that health records, once received by the school district, may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA), but will become educational records protected by the Family Educational Rights and Privacy Act (FERPA). I have the right to request the correction of Education Records in accordance to Lynchburg City School Board Policy JO-Student Records.

Official Scholastic Record (includes: address, telephone number, and email address of the student, certified copy of birth certificate (Code of Virginia § 22.1-3.1C) or birth certificate number as recorded by another VA public school, birthdate, grade level completed, attendance record, Student Testing Identifier (STI), extracurricular activities, citizenship, if other than the United States, etc.)

Others (please specify): _____

This authorization is valid for one year unless specified otherwise. It will expire on _____.

Name of Authorized Individual or Agency

Name / Agency: _____ Title (if applicable): _____

Address (1): _____

Address (2): _____

Email Address: _____ Phone Number: _____ Fax Number: _____

Signature of Parent/Guardian: _____
(or student if over age 18)

Date: _____

Name of Parent/Guardian: _____

Relationship to Student: _____

Signature of School Official: _____

Date: _____

Name of School Official: _____

Title: _____