

*RELEASE OF RECORDS*

The student listed below is enrolling in our district, please forward information requested to the site indicated below.

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| --- | --- | --- |
| DATE |       |  [ ]  1st Request [ ]  2nd Request [ ]  3rd Request |
|  |  |  |
| **STUDENT NAME** |  | Grade |       | Birthdate |       |
|  |  |  |  |  |  |  |
| Last School of Attendance  |       | Phone |  |
| Address |  | Fax |  |
| I, the undersigned hereby consent to, request, and authorize the above to release any and all information: Redisclosure: I understand that health information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and it is no longer protected by federal law as and regulations regarding the privacy of protected health information. I further understand the confidentiality of the information when released to a public education agency is protected as a student record with the family Education Rights and Privacy Act (FERPA) and treated in accordance with Health Insurance Portability and Accountability Act (HIPAA) privacy regulations. I authorize the proceeding individual or organization to disclose the above named individual’s health/educational information for inclusion in their records which are to be used for offering services to said student.  |
|  |
| Parent/Guardian Name |  |  |       |
|  |  |  |  | Signature of Parent/ Guardian |
| ***Records Request*** |
| **Please fax immediately**  |  | **Please mail complete cumulative File** |
|  |  | [ ]  Please Send ALL Education Records |
| [ ]  Immunization Record/or Waiver |  | [ ]  Official Transcript |
| [ ]  Unofficial Transcript |  | [ ]  Birth Certificate |
| [ ]  Withdrawal Grades |  | [ ]  Attendance Record |
| [ ]  Last Report Card |  | [ ]  Discipline/Behavior Report |
| [ ]  Immunization Record/or Waiver |  | [ ]  Health Evaluation/Physical |
| [ ]  Special Ed Records/Current IEP/Speech/ (if applicable) |  | [ ]  State Test Scores |
| [ ]  504 Plan |  | [ ]  Psychological Report |
| [ ]  Other  |  |  | [ ]  Expulsion/Readmit Information  |
|  |  | [ ]  Dental Evaluation |
|  |  |  | [ ]  ELD-English Learning Development Test Scores |
| COMMENTS: |  | [ ]  Other |  |
|  |
|  |
| Please forward the information to the attention of location checked below | Staff (Name) Requesting: |       |
|  |
| Please mail records: BUSD-ATTN: (Please indicated School Site) 551 South Avenue H., Barstow, CA 92311 |  |
|  | ***Email*** |
| [ ]  | Cameron Elementary School | 760-255-6260 | FAX | 760-255-6261 |       |
| [ ]  | Crestline Elementary School | 760-252-5121 | FAX | 760-252-5152 |       |
| [ ]  | Henderson Elementary School | 760-255-6250 | FAX | 760-255-6253 |       |
| [ ]  | Lenwood Elementary School | 760-253-7713 | FAX | 760-253-7708 |       |
| [ ]  | Montara Elementary School | 760-252-5150 | FAX | 760-252-5185 |       |
| [ ]  | Skyline Elementary School | 760-255-6090 | FAX | 760-255-6095 |       |
| [ ]  | Barstow STEM Academy  | 760-255-6151 | FAX | 760-255-6104 |       |
| [ ]  | Barstow High School | 760-255-6119  | FAX | 760-255-6120 |       |
| [ ]  | Barstow Jr. High School | 760-255-6202 | FAX | 760-255-6203 |       |
| [ ]  | Central High School | 760-255-6060 | FAX | 760-256-2125 |       |
| [ ]  | Pupil Services | 760-255-6028 | FAX | 760-255-6319 |       |
| [ ]  | Pupil Services-Special Education | 760-255-6046 | FAX | 760-255-6319 |       |