

PRESCOTT UNIFIED SCHOOL DISTRICT #1
CONSENT FOR OBTAINING STUDENT RECORDS

I, _____ hereby authorize
Parent/Guardian

FORMER SCHOOL DISTRICT NAME

FORMER SCHOOL NAME

MAILING ADDRESS

CITY STATE ZIP CODE

TELEPHONE FAX

to forward the special education records to include the developmental history, psycho-educational evaluation, current Individualized Education Plan and all medical, educational, social and psychological information which have been made a part of the school records regarding:

Name of Student Birthdate

Parent/Guardian Signature Date

Mailing Address Telephone

City State Zip Code

PLEASE EXPEDITE THESE RECORDS TO:
PRESCOTT UNIFIED SCHOOL DISTRICT #1 – CHILD STUDY SERVICES
146 SOUTH GRANITE STREET, PRESCOTT, AZ 86303
TELEPHONE: (928) 717-3236 FAX: (928) 717-3240

It would be most helpful if you do not have any records on the above named student, to please indicate so on this form and return it to the above address or FAX number.

In accordance with the Family Educational Rights and Privacy Act (FERPA) (34CFR Part 99, RIN 1880-AA65, the Prescott Unified School District complies with disclosure, without consent, to authorized representatives of educational institutions, state and federal agencies. The Prescott Unified School District does, nevertheless, make every attempt to obtain consent.

For P.U.S.D. School Use Only: _____
P.U.S.D. School of Enrollment Date This Form Sent to CSS