

**HOUSATONIC VALLEY REGIONAL HIGH SCHOOL
REGIONAL SCHOOL DISTRICT ONE**

246 WARREN TURNPIKE ROAD
FALLS VILLAGE, CT 06031
Phone: (860) 824-5123 Fax: (860) 824-0130
Ian Strever, Principal
Steven Schibi, Assistant Principal

**TRANSFER OF CONFIDENTIAL STUDENT INFORMATION
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**

Pursuant to the Family Educational Rights and Privacy Act (FERPA), I hereby authorize Housatonic Valley Regional High School to **obtain** and/or **release** (please circle) the following confidential records regarding my child:

Name of Child: _____ Date of Birth: _____

Address: _____ Town/State/Zip Code: _____

Parent(s)/Guardian(s): _____

Please check all that apply:	Obtain	Release
Cumulative File	<input type="radio"/>	<input type="radio"/>
Pupil Services/Special Education	<input type="radio"/>	<input type="radio"/>
Disciplinary	<input type="radio"/>	<input type="radio"/>
*Health/Medical	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>

*If this authorization is being used to obtain Protected Health Information from a child's physician or other covered entity under HIPAA, a **Transfer of Confidential Student Health Information – Protected Health Information** form must also be completed.

To/From: _____

Address: _____ Town/State/Zip Code: _____

Telephone: _____ Fax: _____

I understand that the information to be disclosed is protected as an "education record" under FERPA, and that such information shall not be re-disclosed unless permitted under FERPA. I further understand that the officers, employees, and agents of any party that receives protected information under FERPA may use such information only for purposes for which the disclosure if made.

Signature of Parent(s)/Guardian(s) _____

Date: _____

form date: 2/5/2020

