



Fountain Hills Unified School District #98  
16000 E. Palisades Blvd, Fountain Hills, AZ 85268  
Phone: 480-664-5000 FAX: 480-664-5097

## Authorization to Release Confidential Information and Records

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Current School

### Confidential Information/Records Requested By:

\_\_\_\_\_  
Name of Authorized Requester

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Name of District/School/Agency

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
City/State/Zip

### Requesting Confidential Records From:

\_\_\_\_\_  
School/Agency/Organization

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

I authorize the release of all MEDICAL, EDUCATIONAL, PSYCHOLOGICAL and SOCIAL INFORMATION that has been made a part for the confidential records of the above-named student to the requesting party. I understand that this information will be used in a confidential and professional manner and in the best interest of the student, and that all information will be maintained in accordance with *the Family Educational Rights and Privacy Act*. **I understand that my consent is voluntary and that the transfer of this information to the receiving school/agency does not require my consent.**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

### Notice to Sending School:

Pursuant to ARS 15-828 (3F) “Notwithstanding any financial debt owed by the pupil, any school requested to forward a copy of a transferring pupil’s record to the new school shall comply and forward the record within ten school days after receipt of the request unless the record has been flagged pursuant to section 15-829.”