File: JO-E

STUDENT RECORDS

LAKE WASHINGTON SCHOOL DISTRICT NO. 414
P.O. Box 97039
Redmond, WA 98073

CONSENT FOR RELEASE AND/OR EXCHANGE OF INFORMATION

Child_____ Grade_____

School_____

I hereby authorize the release and/or exchange of information regarding the above named child between the Lake Washington School District and

_____
Name of Agency

_____,_____
Address City, State, Zip

The information released shall be:

/__/ Progress reports /__/ General Health Information

/__/ Transcript of courses /__/ Other

/__/ Attendance

The reason for this authorization is _____

A copy of these reports may be obtained by the parent/guardian upon written request at the expense of the person making the request.

_____
Signed

_____
Relationship to Child

_____
Street Address

_____
City, State, Zip

Information received by the Lake Washington School District shall be placed in the student's record and shall be available for inspection and review in accordance with the Family Educational Rights and Privacy Act of 1974.

Information sent by the Lake Washington School District may not be shared by any other party without the written consent of the parents or the student if the student is 18 years old or older.

Annual Notification of Rights

LAKE WASHINGTON SCHOOL DISTRICT NO. 414
16250 N.E. 74th Street
Redmond, WA 98052
(425) 702-3200

In compliance with the Family Educational Rights and Privacy Act, we are notifying you that the Lake Washington School District shall keep such records concerning each student as deemed necessary to provide programs to meet the student's educational needs. Parents and students have certain rights with regard to these records as explained fully in Board Policy JO and Administrative Regulation JO-R which can be obtained at the school district office, 16250 NE 74th St., Redmond.

It is the right of Parents (who are defined to be parent(s), guardian, an individual acting as a parent of a student in the absence of a parent or guardian, or in the case of a student over 18 years of age, only that student) to inspect all school records directly related to the student. Arrangements for review of a student's records may be made with the school principal.

If parents of students have concerns regarding the accuracy or appropriateness of any information maintained by the school about the student, they are encouraged to inform the principal of this concern. An opportunity shall be provided by the principal to meet and attempt to resolve this concern. If the parent's challenge to the content of their child's record is not resolved to their satisfaction within 30 school days, the parent, upon written request, shall be given the opportunity for a hearing before the Superintendent or designee. Such hearing shall be held within a reasonable time following the receipt of the request. If this procedure does not resolve the parent's concern with their child's school records the parent may file a complaint concerning alleged failures by the school district to comply with the Family Educational Rights and Privacy Act with the Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue SW, Washington, D.C. 20202 and/or may insert into the challenged records a written explanation or comment regarding the content of such records.

With certain exceptions, the school cannot release information regarding a student to persons or organizations outside the Lake Washington School District without the written consent of the parent. One of the exceptions is that the school district shall forward education records on request to a school in which a student seeks or intends to enroll. A second exception permits a school district to identify certain information as Directory Information which may be released without the permission of the parent. The Lake Washington School District identifies and limits such Directory.

Information to the following information about a student which may be in the possession of the school: Name, address, telephone number, e-mail address, date of birth, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, diplomas and awards received.

This student information is used as the basis for student directories published by local PTA's or other school related groups; for information necessary to announce and describe student activities such as athletic events, plays and musicals; for information necessary to publish student awards, graduation lists; and for information to be placed in the public domain by the schools for other school purposes consistent with school district policies and regulations.

The Family Educational Rights and Privacy Act grants parents the right to request that Directory Information not be released without their prior written consent. However, if such a request is placed in a student's record no attempt shall be made to get prior written consent in order to include that student in the above listed publications, rather that student shall be omitted from such publications. To assist those families who have chosen to have unlisted telephone numbers, it is possible to request that only that part of the Director Information not be released without prior written consent.

If you do not want the above listed Directory Information or just your telephone number released, please complete, sign and return the tear-off portion below to Special Services, Lake Washington School District No. 414, 16250 NE 74th St., Redmond, WA within five school days. If we do not receive your request by that date, we shall assume that you have no objection to the release of such information.

_____ _____

Superintendent Director, Special Services

ANNUAL EXCEPTION REQUEST*

I do not wish the Directory Information, as defined in Lake Washington School District Regulations, concerning _____ to be released from school records without my prior written consent.

OR

I do not wish our telephone number to be included in the Directory Information released by Lake Washington School District concerning _____ without my prior written consent.

Date _____ _____
Signature

_____
Address

* Circle appropriate request

Please return or mail to: Lake Washington School District
Special Services
16250 N.E. 74th Street
Redmond, WA 98053

Issued: 08/10/98
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