



VISIT LOG AND/OR RELEASE OF STUDENT EDUCATION RECORDS TO THE DEPARTMENT OF HUMAN SERVICES

Student's Information

Last Name First Name MI

_____/_____/_____
Date of Birth PSD School Year PSD ID

- LCDHS has custody of the student – Representative must provide documented verification if not currently in the student's file.
- LCDHS has an open assesment or case on the student or their family. **

Records Requested

- | | | |
|---|--|--|
| <input type="checkbox"/> Attendance Records
(Specify Dates: _____) | <input type="checkbox"/> Discipline Records | <input type="checkbox"/> Standardized Test Scores |
| <input type="checkbox"/> Immunization Records | <input type="checkbox"/> Report Card/ Transcript | <input type="checkbox"/> Student Profile |
| <input type="checkbox"/> Enrollment History | <input type="checkbox"/> IEP/504/Spec. Ed. Records
<small>*Must be requested through the PSD Records Department – cannot be given by the school</small> | <input type="checkbox"/> All the Above (Student Cumulative File) |
| <input type="checkbox"/> Safety Plan | <input type="checkbox"/> Other Records (Please be specific): _____ | |

Purpose for the Disclosure of the Requested Records or Contact with the Student

Please select the purpose for the requested disclosing of the records or visit with the student:

- | | |
|---|--|
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Monitor Safety | <input type="checkbox"/> Other: _____ |

Communication Types

- LCDHS Representative spoke to student. **
- LCDHS Representative spoke with District staff about the student.
- The documents selected above were obtained by the LCDHS representative – Representative provided the PSD Third-Party Release of Records.

Department of Human Services Representative Information

Contact Name Contact Name

Phone Number Phone Number

Authorization to Release Records

- I have legal authority or signed consent to obtain the Educational Record of the above-named student and have provided all necessary supporting documentation subject to the terms specified in this document. I also have the legal authority to interview the student based on the statute noted below.**

Signature: _____ Date: _____

(All Authorizations expire July 31st of the current year)

References: FERPA (20 U.S.C. § 1232g; 34 CFR 99.31) & Poudre School District Policy JRA/JRC – Student Records/Release of Information on Students.

** CRS 19-3-308 Action upon report of intrafamilial, institutional, or third-party abuse - investigations - child protection team - rules - report

THIS ORIGINAL FORM MUST BE PUT IN THE STUDENTS ACADEMIC FILE ALONG WITH A COPY OF THE REPRESENTATIVES BADGE DATED FOR EACH VISIT