



Gilbert Schools
Every Student. Every Day.

AUTHORIZATION FOR EXCHANGE OF STUDENT INFORMATION

I authorize Gilbert Community School District and _____

to release/exchange information and share communication in verbal, written, and/or

electronic form regarding:

(Student Name)

(Date of Birth)

This information is to be used in the planning of an appropriate educational program for the student. The confidentiality of the information received will be protected by the State and Federal guidelines regarding the collection, maintenance and dissemination of student records (Family Education Rights and Privacy Act of 1974).

Information for release includes the following: (Please Check)

___ Grades Report Card

___ Standardized Test Results

___ Health/Immunization Records

___ Attendance Records

___ Special Education Data (ER, IEP)

___ Transcripts/Credit Data

___ Gifted Education Data

___ Discipline Records

___ Other, Please Specify:

(Parent/legal guardian)

(Date)

(Student, if Applicable)

(Date)