



OKLAHOMA PARENTS CENTER

P.O. Box 512 * Holdenville, Oklahoma 74848

Toll Free: 877-553-4332 * Fax: 405-379-2106 * Phone: 405-379-6015

Email: info@oklahomaparentscenter.org * Website: www.OklahomaParentsCenter.org

Advocating for Children with Disabilities to Build a Better Future!

Authorization for Release of Information

Name of Child: _____

Date of Birth: _____

I hereby request and authorize

(insert school, person, or organization name)

to communicate with and to release documents pertaining to my child listed above to the Oklahoma Parents Center, Inc. (OPC) via the most convenient method (fax, email, mail, etc.).

Any and all information known or maintained in the child's educational file and any information shared via attendance (in person or virtual) at any and all meetings will be used for the purpose of providing assistance with consultations and document review.

I acknowledge I am the parent or guardian of the minor named above, or I am a student of majority age to whom legal rights have been transferred, per the Individuals with Disabilities Education Act (IDEA). By signing this document, I am providing Formal Consent for the OPC to receive confidential records and information regarding the child listed above. I understand any information received by the OPC will be held strictly confidential and will not be further released without my written permission.

The Federal Educational Rights and Privacy Act (FERPA) of 1974 was designed by the federal government to protect the privacy of educational records. Under this policy a school cannot be permitted to release any information to a third party without parental consent and cannot be released without written consent unless otherwise provided for in the regulations. If educational records are to be disclosed (may contain disciplinary records), they are maintained and released in accordance with the Family Educational Rights and Privacy Act (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed, if requested.

I also understand I may revoke this consent, in writing, at any time. This consent will expire one year from the date of the signature.

Signature of Person Authorizing

Date

Relationship to Child (*parent, guardian, self, other*)

Telephone Number

Address

City, State, Zip Code