



Coeur d'Alene Public Schools

DISTRICT ADMINISTRATIVE CENTER
1400 N. Northwood Center Court, Coeur d'Alene, ID 83814

OFFICE 208.664.8241

FAX 208.664.1748

www.cdaschools.org

Authorization for Release of Confidential Student Information

Legal Name of Student _____ Date of Birth _____ Date _____

Gender _____ School _____ Grade _____

Parent/Guardian, Personal Representative, or Adult Student Name: _____

A. The names of parties authorized:

I authorize information to be released FROM:

I authorize information to be released TO:

The health care provider identified above cannot condition your treatment on signing this authorization.

B. The information to be released: _____

C. The purpose of this request: _____

D. Effective date of authorization:

This authorization takes effect the day you sign it and continues until _____.

By signing authorization, I understand that the parties named above are permitted to release written and verbal information regarding my child. The parties may also accept a photocopy of this release form and give it the same force and effect as the original. I further understand that I may revoke this authorization in writing at any time by providing a copy of my revocation to the parties named above. The information used or disclosed under this release might be disclosed by the school district as an educational record, pursuant to FERPA, and might no longer be protected by HIPAA.

Parent, Personal Representative*, or Adult Student's Signature _____ Date _____

*If signed by Personal Representative, please set forth the Personal Representative's authority to act for Student:

This authorization is intended to meet the requirements under the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

5/13/20

INVEST | INSPIRE | INNOVATE

We invest in each student to prepare, challenge and advance well-educated, resilient and future-ready citizens.