Aurora Public Schools

AUTHORIZATION FOR RELEASE OF RECORDS

I hereby give permission for the Aurora Public Schools to receive records of:

_____ / _____

First Name Middle Name Last Name Birth Date Month Day Year

The following records are hereby requested:

- ☐ School Records
- ☐ Special Education
- ☐ Standardized Test Data
- ☐ Medical
- ☐ Psychological/Sociological
- ☐ Other (describe on separate page if necessary)

These records are currently in the possession of:

Previous School/Agency/Individual _____

Street_____City_____State_____Zip_____

IMPORTANT: The person or agency receiving these records must not (except as authorized by federal law) transfer the information obtained to any other person or agency without obtaining the written consent of the parent or legal guardian, or of the student, if eighteen (18) years of age or older. Pursuant to Public Law 93-380, you are hereby notified that you have the right to inspect the educational records, to have a copy of said records if you wish to pay the cost of duplication, and to challenge the content of said records on the grounds that they may be inaccurate, misleading or inappropriate.

CHECK ONE OF THE FOLLOWING:

_____ I certify that I am the parent or legal guardian of the person who is the subject matter of the records listed above, and that said person is under the age of eighteen (18) years.

_____ I certify that I am over eighteen (18) years of age, and am the person who is the subject matter of the records listed above.

_____ _____

Date Signature

THIS AUTHORIZATION WILL BE KEPT ON FILE PURSUANT TO PUBLIC LAW 93-380

Please mail records to:

Options School
11351 East Montview Blvd
Aurora, CO 80010

Phone: 303 – 340-0666
Fax: 303 - 326-1281