347-Exhibit 1

Release Form for Student Records <u>Not</u> Considered to be "Student Directory Data"

In order to comply with state and federal laws relating to the release of pupil records to persons other than those who are entitled to direct access to records, the following information MUST be provided. In order for the District to maintain its own records as required by law, a separate release form must be completed for each pupil's records and a new release form must be signed each time additional records are requested.

NAME OF STUDENT (one only): _____

NAME AND ADDRESS OF PERSON OR ENTITY TO WHOM RECORDS ARE TO BE SENT:

_____

_____

RECORDS SOUGHT (specifically identify each record you wish the school to provide):

_____Progress Records   _____Law Enforcement Agency Records
_____Law Enforcement Records   _____Court Records   _____Physical Health Records
_____Health Care Records   _____Other (please specify): _____

REASON OR PURPOSE FOR DISCLOSURE:

_____

_____

I understand that I have the right to receive a copy of each record provided to the person or entity named above at the time the records are provided to that person or entity. I also understand that I will be charged $_____ for each page of records provided under this release.

　　Check one: _____Send me a copy of each record provided
                              _____Do not send me a copy of each record provided

I understand that records will be provided only to the person or entity named above and that the person or entity named above cannot disclose the records or information contained therein without my further written consent. I further understand that if any records identified above are behavioral records, the school district will, upon request, make available to me a person qualified to explain or interpret the records.

SIGNATURE OF PARENT, GUARDIAN, OR STUDENT 18 YEARS OF AGE OR OLDER:

Signature _____ Printed Name _____
Date _____

REVISED: August 10, 2017
APPROVED: September 14, 2017