



RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street

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Spring Green, Wisconsin 53588

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Phone: 608-588-2551

347-Exhibit 1

Release Form for Student Records Not Considered to be "Student Directory Data"

In order to comply with state and federal laws relating to the release of pupil records **that are not considered to be "Student Directory Data"** 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:

- _____ Courses taken
- _____ Grades awarded
- _____ Attendance records
- _____ Extracurricular activities

Behavioral Records:

- _____ Law Enforcement Agency Records
- _____ Law Enforcement Records
- _____ Court Records
- _____ Physical Health Records
- _____ Health Care Records

- _____ Tests relating to achievement or measurement of ability
- _____ Psychological tests
- _____ Personality evaluations
- _____ Physical health records (other than lead screening and immunization records)
- _____ Health care records
- _____ Teacher evaluations
- _____ Recorded comments other than grades
- _____ Law Enforcement Agency Records

Law enforcement agency records include records obtained from a law enforcement agency relating to use possession, or distribution of alcohol or a controlled substance by a student, illegal possession of a dangerous weapon, certain acts for which a student was taken into custody or for which the student was found to be delinquent.

Court Records

Court records include records provided by a court with respect to students involved in certain delinquency proceedings.

_____ 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
REVIEWED: January 12, 2023