SPECIAL EDUCATION RESOLUTION CENTER CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I understand that these records are protected under federal and State confidentiality regulations and cannot be released without written consent unless otherwise provided for in the regulations. Federal regulations prohibit further disclosure of the records without specific written consent, or as otherwise permitted by such regulation. I understand that this consent expires one year from the date of the signature, or I may revoke this consent in writing at any time (unless action has already been taken based upon this consent).

Authorizing Person: □ Young Adult □ Parent □ Guardian □ Legal Custodian □ Other
I authorize the release of information regarding (Name of Child), and, I authorize the person(s) or agency listed below to release information to the authorized third party mediator any and all information known or maintained in the child's educational file and which may include information submitted by the requesting party, any educational records including confidential information, any medical and any psychological records for the purpose of providing mediation.
Special Education Resolution Center (SERC) Oklahoma State University 4825 South Peoria, Suite 2, Tulsa, Oklahoma 74105 (918-712-9632) and
(School district)
(address)
(city) (zip code)
If the records to be disclosed are education records (which my include discipline records), they are maintained and released in accordance with the Family Educational Rights and Privacy Ac (FERPA). Parents or eligible students shall be provided a copy of the records to be disclosed in requested. Redisclosure, except as provided at 34 CFR §99.31, requires prior consent of parents or eligible students.
THE INFORMATION I AUTHORIZE FOR RELEASE MAY INCLUDE INFORMATION AND RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OF NONCOMMUNICABLE DISEASE, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA AND THE HUMAN IMMONDEFICENCY VIRUS, ALSO KNOW AS ACQUIRED IMMUNE DEFICIENCY SYMNDROME (AIDS).
Signature of person authorizing release Date