



Office of Research, Assessment & Accountability  
 Columbia Public Schools  
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## Parent or Guardian Consent For Partner Access to Student Records

I consent to the release of my child's education records by the Columbia Public Schools to the partner agencies listed below if the agency provides services to my child. The partner organization may use this data to identify and assign services to my child and to evaluate its own services, but must otherwise maintain the confidentiality of the records. Furthermore, the partner organization is only permitted to access records for students in their program and only to the extent necessary to perform his/her assigned duties. I also consent to the release of partner agency records about my child to the school district to help the district provide better educational services to my child.

**I understand that this authorization:**

- Can be stopped at any time by sending a written request to Columbia Public Schools
- takes effect the day I sign it
- allows release of indicated data through summer school insert year unless I specify an earlier date in this section ( / / ).

**I further understand:**

- That any records received by the school district from a partner agency may not be protected by the Health Insurance Portability and Accountability Act (HIPAA) but will become education records protected by the Family Educational Rights and Privacy Act (FERPA).
- Provision of this authorization is voluntary.
- A copy of this release form is as valid as an original.
- I will receive a copy of this authorization.

**The district's partner agencies that are covered by this release are:**

Big Brothers Big Sisters	Fun City	Great Rivers Council-Boy Scouts
Boys and Girls Club	Nora Steward Early Learning Center	Other: _____
For His Glory	Harrisburg Early Learning	
Moving Ahead	Mary Lee Johnson	
United Community Builders	Heart of Missouri United Way	

**I understand that the education records provided by CPS to partner agencies may include records such as**

- Grades (trimester or semester)
- Discipline (Out of School records)
- Individual Education Plan (has IEP/504 Plan Yes or No)
- Lunch Status
- Assessments (List assessment name & scores to include)
- Attendance
- Graduation
- Other (list additional data to include)

Parent/Guardian may remove any record by marking through.

**By signing this consent agreement, I agree that I have read and understood the above and consent to all of the above statements.**

\_\_\_\_\_  
 Parent/Guardian Name (print)

\_\_\_\_\_  
 Student Name (print)

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Parent/Guardian Email Address

\_\_\_\_\_  
 Student Date of Birth

<b>For Office Use Only</b>
Student ID #: _____

## Family Educational Rights and Privacy Act (FERPA)

34 CFR Part 99

### § 99.30 Under what conditions is prior consent required to disclose information?

- (a) The parent or eligible student shall provide a signed and dated written consent before an educational agency or institution discloses personally identifiable information from the student's education records, except as provided in § 99.31.
- (b) The written consent must:
- (1) Specify the records that may be disclosed;
  - (2) State the purpose of the disclosure; and
  - (3) Identify the party or class of parties to whom the disclosure may be made.
- (c) When a disclosure is made under paragraph (a) of this section
- (1) If a parent or eligible student so requests, the educational agency or institution shall provide him or her with a copy of the records disclosed; and
  - (2) If the parent of a student who is not an eligible student so requests, the agency or institution shall provide the student with a copy of the records disclosed.

## Health Insurance Portability and Accountability Act (HIPAA)

45 CFR Part 164

### §164.508 Uses and disclosures for which an authorization is required.

(c) Implementation specifications: Core elements and requirements--

(1) Core elements. A valid authorization under this section must contain at least the following elements:

(i) A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.

(ii) The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.

(iii) The name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure.

(iv) A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not, or elects not to, provide a statement of the purpose.

(v) An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure. The statement "end of the research study," "none," or similar language is sufficient if the authorization is for a use or disclosure of protected health information for research, including for the creation and maintenance of a research database or research repository.

(vi) Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided.

(2) Required statements. In addition to the core elements, the authorization must contain statements adequate to place the individual on notice of all of the following:

(i) The individual's right to revoke the authorization in writing, and either:

(A) The exceptions to the right to revoke and a description of how the individual may revoke the authorization; or

(B) To the extent that the information in paragraph (c)(2)(i)(A) of this section is included in the notice required by Sec. 164.520, a reference to the covered entity's notice.

(ii) The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization, by stating either:

(A) The covered entity may not condition treatment, payment, enrollment or eligibility for benefits on whether the individual signs the authorization when the prohibition on conditioning of authorizations in paragraph (b)(4) of this section applies; or

(B) The consequences to the individual of a refusal to sign the authorization when, in accordance with paragraph (b)(4) of this section, the covered entity can condition treatment, enrollment in the health plan, or eligibility for benefits on failure to obtain such authorization.

(iii) The potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer be protected by this subpart.

(3) Plain language requirement. The authorization must be written in plain language.

(4) Copy to the individual. If a covered entity seeks an authorization from an individual for a use or disclosure of protected health information, the covered entity must provide the individual with a copy of the signed authorization.