



Request for Student Records
Union County Schools Healthcare Services

Records requested from:

PHONE: _____

FAX: _____

STUDENT NAME

GRADE

DOB

PLEASE SEND THE FOLLOWING RECORDS:

- | | |
|--|--|
| <input type="checkbox"/> Psychological Evaluations | <input type="checkbox"/> Psychiatric Evaluations |
| <input type="checkbox"/> Audiological Records | <input type="checkbox"/> Speech and Language Evaluations |
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> Progress Reports |
| <input type="checkbox"/> IEP Plan/Minutes | <input type="checkbox"/> Vision/Hearing Screening |
| <input type="checkbox"/> Eligibility Report | <input type="checkbox"/> Placement Ed. Evals/Minutes |
| <input type="checkbox"/> Consult of therapist and school personnel | |
| <input type="checkbox"/> I also give permission for the physician and the school to share information that would be beneficial in determining the educational recommendation | |
| <input type="checkbox"/> Other _____ | |

SIGNATURE: _____

DATE: _____

This release expires at the end of the 2025-2026 school year.

Please send records to:

Note: Federal Law (Buckley Amendment) does not require proper written consent of the student or parent when releasing information to a school official in which the student intends to enroll in other schools within the facility who have legitimate interests in the information. (Ferpa federal register June 17,1976, vol41, no. 118 page 14673