STATE OF RHODE ISLAND JUDICIARY

FAMILY COURT

County	Petition Number
Petitioner	**Respondent**

AUTHORIZATION FOR RELEASE OF PROTECTED EDUCATION INFORMATION

Respondent Name: _____ Date of Birth: _____

Address/Street: _____ Apartment No.: _____

City/Town: _____ State: _____ Zip Code: _____

I, _____, authorize the Rhode Island Family Court Mental
(Parent/guardian/eligible student)

Health Clinic to obtain confidential information from:

School _____
Address _____
Telephone _____
Facsimile _____
Contact Person _____

Check confidential information to be released or obtained:

☐ Complete educational record **OR**

Specify records:

☐ Educational evaluations
☐ Telephone communications
☐ Transcripts/report cards
☐ Other (specify)
_____
☐ Assessments/treatment plans
☐ Educational/Individualized Education Plan (IEP) information
☐ Information pertaining to my education
☐ § 504 information

Method of Release: ☐ Telephone/Verbal ☐ Photocopies ☐ Facsimile (401) 458-3128

The purpose of this information is for: **Rhode Island Family Court Mental Health Clinic Assessment for review prior to the child/family's appointments with the clinic**.

PLEASE MAIL OR FAX ALL INFORMATION TO:
Rhode Island Family Court Mental Health Clinic
c/o Case Manager
One Dorrance Plaza – Room 257
Providence, RI 02903

_____
Initials Parent/Guardian

I have carefully read the above information and I voluntarily consent to disclosure of the indicated confidential educational records of my child _____. I understand that my child's records are protected under state and federal law and cannot be disclosed without my written consent unless otherwise provided for in the law. I understand that if I authorize the Rhode Island Family Court Mental Health Clinic to receive information from my child's school, the Clinic will not disclose it to others. I also understand that I may withdraw or revoke this consent in writing at any time and no further records will be released after that. I understand that my child's records are protected from release without my permission by the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g) and the Rhode Island Educational Records Bill of Rights (G.L. 1956 § 16-71-1 through § 16-71-5).

The Rhode Island Educational Records Bill of Rights gives me and my child:

> " The right to have the records kept confidential and not released to any other individual, agency or organization without prior written consent of the parent, legal guardian, or eligible student, except to the extent that the release of the records is authorized by the provisions of 20 U.S.C. § 1232g or other applicable Rhode Island law or court process or procedures.

This release expires automatically one (1) year from the date signed.

Parent Signature: _____ Date: _____

OR

Legal Guardian Signature: _____ Date: _____

Relationship to Student: _____

Witness Signature: _____ Date: _____