

POCATELLO/CHUBBUCK SCHOOL DISTRICT NO. 25  
3115 Pole Line Road  
Pocatello, ID 83201  
(208) 232-3563, Fax (208) 235-3280

**Outside Agency Request of Release of Student Records**

Student \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Student Address \_\_\_\_\_  
Street/PO Box \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

I am submitting a request for release of student records for the above-named student as follows:

**From:** Name of School \_\_\_\_\_  
Mailing Address of School \_\_\_\_\_  
Phone No. \_\_\_\_\_

**To:** Contact Person/Outside Agency \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone No. \_\_\_\_\_

Requested records to be released are indicated as follows:

- \_\_\_\_\_ 1) Scholastic Achievement Data (including transcript of credits and grades at time of withdrawal)
- \_\_\_\_\_ 2) Standardized Test Data
- \_\_\_\_\_ 3) Medical Data
- \_\_\_\_\_ 4) Psychological Data
- \_\_\_\_\_ 5) Sociological Data
- \_\_\_\_\_ 6) Discipline Records
- \_\_\_\_\_ 7) Special Education Records
  - a. Current IEP
  - b. Initial Placement
  - c. 3 Year Evaluation
- \_\_\_\_\_ 8) 504
- \_\_\_\_\_ 9) Other \_\_\_\_\_

Parent//Guardian/Adult Student Authorizes Release:

Parent/Guardian/Adult Student \_\_\_\_\_ Date \_\_\_\_\_

I understand that this information will be kept confidential according to the Family Education Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA) and any other applicable state or federal regulation.

Outside Agency/ Contact Person \_\_\_\_\_ Date \_\_\_\_\_

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Attached is a lawfully issued subpoena for release of student records.  
Pocatello/Chubbuck School District is required to notify the parent/guardian/adult student of a judicial order or lawfully issued subpoena in advance of such compliance.

Principal	Superintendent/Designee	Date
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Release of Records:

Granted: \_\_\_\_\_

Denied: \_\_\_\_\_

If Denied, state reason: \_\_\_\_\_