

Northshore Families Helping Families

Consent for Release of Records



Name of School/District	
Name of Student	Date of Birth
<p>I hereby grant permission for the release of the following record(s):</p> <p>Check all that applies:</p> <p><input type="checkbox"/> Individual Education Plan/Transition Plan(s) for School Year(s): _____</p> <p><input type="checkbox"/> Individual Accommodation Plan(s) for School Year(s): _____</p> <p><input type="checkbox"/> Detailed Progress Report <input type="checkbox"/> Attendance Records</p> <p><input type="checkbox"/> Most recent individual evaluation <input type="checkbox"/> Discipline Records</p> <p><input type="checkbox"/> Behavior Intervention Plan <input type="checkbox"/> Health Records</p> <p><input type="checkbox"/> Functional Behavior Assessment <input type="checkbox"/> Other: _____</p> <p>** Unless otherwise noted, records are requested for the current school year. ***</p>	
<p>Please send the requested records to:</p> <p style="text-align: center;">Northshore Families Helping Families 108 Highland Park Plaza Covington, La 70433 (985) 875-0511 • (985) 875-7797 Fax Education@fhfnorthshore.org</p> <p style="text-align: center;">Attn: _____</p>	
Records are being released for the following reason:	
<i>This consent for release of confidential records shall remain effective for the 2021-2022 school year.</i>	
Parent/Caregiver Printed Name	Parent/Caregiver Signature
Relationship to student	Date of Signature

N O R T H S H O R E



Please complete all sections of this form & return by mail, fax or email to
Northshore Families Helping Families OR your Education Liaison as soon as possible.
108 Highland Park Plaza Covington, La 70433 • (985) 875-0511 • EMAIL: education@fhfnorthshore.org Fax: (985) 875-9979
NFHF Education Liaison Policy 7/2021