



# The Independent School District of Boise City

8169 W. Victory Rd.  
Boise, Idaho 83709

*Special Education Student Records*

Phone: (208)-854-4135

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(208) 854-4000  
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## Records Request

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alias: \_\_\_\_\_ Phone: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_

I authorize the release of the following records:

\_\_\_\_\_ Special Service Records (ex. IEP, Eligibility, Testing)

\_\_\_\_\_ 504 Records

\_\_\_\_\_ Other Special Service Records (please specify): \_\_\_\_\_

Special Services Records Needed For: \_\_\_\_\_

\_\_\_\_\_ Records picked up at the District Services Center (please initial)

### Mailing Instructions

Name/Organization/School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Faxing Instructions - Unofficial Copies Only

Attn: \_\_\_\_\_ @: \_\_\_\_\_

Fax Number: \_\_\_\_\_

If the person/s requesting/receiving these records is not the student listed above please print your name and relation to the student. An official signed *Authorization for Exchange of Confidential Student Information* will be required.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

In order to be compliant with privacy policies and right, this form must be signed. By doing so, you hereby authorize the Independent School District of Boise City- Special Education Records Department to release information contained in your special education records. You agree to not hold Independent School District of Boise City responsible for any liabilities that may arise in connection with the release of this information. This authorization is valid for this request only.

*"Educating Today For a Better Tomorrow"*

An Equal Opportunity Employer-Educator