OUT OF DISTRICT applicants to Internet Academy:
Complete ONLY if student has received Special Education services in the last 12 months
Special Education Team involvement is required in all changes in placement.
This process requires additional information and time to determine appropriate placement.
Questions: call Wendy Nevin at 253-945-2239

Federal Way Public Schools
31405 18th Ave S., Federal Way, WA 98003
Phone: 253-945-2000

AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL EDUCATIONAL INFORMATION

RE: X_____ Birthdate: X_____
Student's Name

School: _____ Grade: X_____ Date: X_____

I hereby authorize the exchange of confidential information regarding the above named student for the purpose of establishing special education eligibility, placement, and program planning between:

Federal Way Public Schools
and

X_____
Name of school district/agency/etc.

_____
Street Address

_____
City State Zip

_____ _____
Phone FAX number

Information Requested (Check all that apply)

[ ] Official Transcript	[ ] Discipline Records
[X] Academic Records	[ ] Health Records
[X] Educational Evaluations/Test Scores	[ ] Immunization Records
[X] Special Education Records	[ ] Other (specify): _____
[ ] Psychological and Counseling Records	[ ] Other (specify): _____
[ ] Social/Emotional	[ ] Other (specify): _____

I acknowledge notification of this transfer of records as required by the Family Educational Right and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect. This authorization is valid until revoked in writing.

PLEASE RETURN TO:

Internet Academy
Federal Way Public Schools
32020 1st Ave. S. #109
Federal Way, WA 98003
Attn: Registrar

X_____
Signature of parent, guardian, or adult student Date

X_____
Relationship to student

X_____
Street Address

X_____
City State Zip

WAC 392-172-422
WAC 392-172-102 & 104
RCW70.02.005-904

Rev 8/7/2004