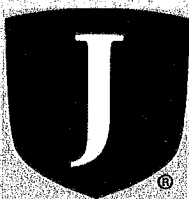


FERPA: What Faculty and Staff Need to Know



FERPA—Never Disclose

- Social Security number
- Student ID number
- Race
- Ethnicity
- Nationality
- Gender
- GPA
- Religion

Educational Records:

- Personal Information (name, etc.)
- Enrollment records
- Exams or papers
- Grades
- Schedules
- Anything in the Students Cum Folder.
- Can include e-mail, printouts, notes, databases, etc.

FERPA questions?

Contact Planning and Student Services

Travis Hamblin

801.567.8251

Travis.hamblin@jordanidistrict.org

Family Educational Rights and Privacy Act (FERPA)

FERPA protects the privacy of student records. Any educational institution that receives federal funds under any program administered by the Secretary of Education must comply with FERPA. Rights given to students include:

- The right to inspect and review their current educational records.
- The right to request and amend their educational records.
- The right to limit disclosure of some "personally identifiable information" (directory information)

EDUCATIONAL RECORDS are:

Any record, with certain exceptions, maintained by an institution that is directly related to a student or students. These records include: files, documents, and materials (tapes, disks, film, microfilm, microfiche) which contain information directly related to students and from which students can be personally identified.

EDUCATIONAL RECORDS are NOT:

- Sole possession notes.
- Law enforcement records.
- Records maintained exclusively for individuals in their capacity as employees.
- Medical Records
- Alumni Records

ALWAYS

Ask yourself:

- Am I sharing student information?
- Can someone personally identify my student from this information?
- Do I have parental consent?
- Do I know who has opted out of the Directory Information?

NEVER

- Send grades or non-directory information using unsecured methods (gmail)
- Publicly post PII without written parent consent.
- Use social media to connect students with classroom pages and events without parental consent.

DIRECTORY INFORMATION:

Is information contained in an educational record of a student which would NOT generally be considered harmful or an invasion of privacy if disclosed and includes:

- Student's name
- Address
- Telephone number
- Participation in activities
- Degrees awarded
- Photographs
- Date of attendance

Directory information IS considered public and can be released without written permission.

Authorization for Release And Use of Health Information

Student

Birth Date

I authorize the release of the above-named student's health information (as designated below)

From

To (District/School): Jordan School District

Address:

Attention (Contact Person):

City/State/Zip:

Address: _____

Phone:

FAX: _____

The released information will be used for the following purposes (please **check** all that apply):

_____ Educational

_____ Medical

_____ Personal

_____ Legal

_____ Other

Specific information to be released (please **initial** all that apply for treatment dates _____ to _____)

_____ Complete Records

_____ Discharge Summary

_____ Immunization Records

_____ Consultation Reports

_____ Physical/Occupational Therapy Records

_____ Special Education Records

_____ Psychological Reports

_____ Intervention Summaries

_____ Assessment Results

_____ Mental Health Reports

_____ Speech/Language Reports

_____ Progress Notes

_____ Two-way Communication

_____ Other _____

This authorization shall remain in effect for six (6) months from the date of signing. I understand that I have the right to revoke this authorization to the school and student's physician on behalf of my minor child by providing written notice to the health care provider consistent with the health care provider's policies. Revocation does not affect releases of medical records made prior to the revocation.

I understand that the health care provider is not responsible for any further disclosures of the released information by the school/district. I also understand that the released medical records may become part of the student's education records and may be forwarded to another school in which the student seeks or intends to enroll. The school and district will protect this information in compliance with the Family Educational Rights and Privacy Act (FERPA).

Signing this release is voluntary. Refusing to sign it will not affect the school or district's commitment to provide a quality education for the student. However, the requested records may be required in order for the school to implement an appropriate plan of education, learning accommodations/modifications, and or health care.

I understand that if I authorize release of the above information to any individual or entity that is not legally required to keep it confidential, the information may no longer be protected by the Health Insurance Portability and Accountability Act of 1996, or any other state or federal law.

By my signature below, I authorize the release and use of the information in accordance with the rights, restrictions and understandings above.

Signature of Parent/Legal Guardian/Student at Age of Majority

Date

Authorization Expires

Copy to Parent(s)

Jordan School District
Documentation of Medical History
Required by USOE for Autism, MD, OHI, OI, TBI

Student:	School:
Date of Birth:	Grade:
Parent/Guardian:	Date:
Address:	Primary Care Physician:
Phone #:	Phone #:

Parent must sign a current HIPPA compliant release of information form before medical history information can be obtained. Parents have the right to determine whether any information should remain confidential and not be included for purposes of this release. Parents should inform the appropriate health professional of information that should not be released to school personnel.

Health Professional's Name:	Phone #:
Role:	Fax #:

Student's prior medical history including information on record regarding any of the following:

Developmental Concerns:

Diagnoses/Conditions: Please list all that apply including co-morbid conditions.

Other Health Concerns Not Listed Above:

Could these conditions adversely affect this student's educational performance? yes no
If yes, briefly describe the perceived impact or restrictions.

School Employee Obtaining Information:

Print Name

Signature

Position