

Client Number: _____



Parent/Eligible Student Request to Inspect and Review Educational Records

Student's Name:	Date of Birth:
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I understand that Howard Center, Inc. school programs generate and maintain service documentation, such as assessments and progress notes, that were paid for by my school district and these records are considered educational records. I understand I have the right to inspect and review my educational records and am requesting access to the educational records in Howard Center's possession.

Section 1: Who is requesting access?

- Access by Parent/Guardian (name): _____
- Access by Eligible Student

Section 2: What kind of access?

- I request inspection and review of my educational records
- I request a copy of my educational record
- I request both inspection and review and a copy of my educational record

Section 3: What records do you want to inspect and/or get copies of?

- Assessments
- Treatment plans
- Progress Notes
- Entire educational record
- Other (please specify); _____

We need your address if you want us to send you copies:

For those individuals who have received services from other Howard Center programs (non-school programs): I understand that while I have the right to access my health information, this education records request is not sufficient to obtain that information.

How can Howard Center contact you should there be any questions about this request?

Current phone number: _____

Current address: _____

Signature of Parent/Guardian (if under 18)

Date

Signature of Eligible Student

Date

Send request to:

Howard Center
Health Information
1138 Pine Street
Burlington, VT 05401
Or fax to (802) 488-6723