

REPORTING CHILD ABUSE / CHILD PROTECTION

**REQUEST FOR RELEASE OF EDUCATION RECORDS
(Child/Youth is a ward of the Court in the legal care, custody
and control of the Arizona Department of
Economic Security - CPS-1061A)**

Date

To: _____
*School or the Arizona Early Intervention Program Provider [DES/AZEIP, DES/DDD, or ASDB,
and their contractors]*

Fax No.: _____

RE: _____
(Child(ren)'s Name(s) and DOB[s])

I am a Child Protective Services (CPS) Specialist or a Unit Supervisor employed by the Arizona Department of Economic Security (DES) and am an assigned CPS representative for the above named child(ren) whom DES is legally responsible to care for and protect under Title 8 of A.R.S., including § 8-806 and § 8-825.

Pursuant to amendments made to the Family Educational Rights and Privacy Act (FERPA) in 2013 (20 U.S.C. § 1232g (b)(1)(L)), I am entitled to receive copies of education records in your possession or control for the above named child(ren). Records sought include: special education (includes early intervention evaluations, IFSPs, service logs, and comparable IDEA Part B records), discipline, attendance, assessments, medical, speech-language, academic, state or district mandated testing, immunization, birth certificate, Section 504 plans, social, psychological, and achievement records. Records you provide will not be disclosed by DES except to an authorized individual or entity engaged in addressing the child(ren)'s educational needs, or as directed by a court

Under state and federal law, any information you have or may obtain during this investigation of allegations of abuse and neglect, including the fact that the above-named child(ren) may have been contacted or that this Request for Education Records is being made is CONFIDENTIAL. DO NOT inform anyone of this request or otherwise disseminate confidential information regarding this matter to any person, including the parent, guardian or custodian, unless specifically authorized by applicable law or court order.

Please provide the records to me as soon as possible by:

- Mailing them to me at: _____
- Calling me at: _____ to pick them up when they are ready. Please specify the hours you are open when you leave a message.
- Other: _____

Thank you for your cooperation.

CPS Specialist's Name *(Print or Type)*

CPS Specialist's Signature

EOE/ADA/LEP/GINA Disclosures

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.