

**PERMISSION TO MAINTAIN RECORDS
FOR FIVE YEARS (G-1)**

CESA #7, _____ SCHOOL DISTRICT

Mr. & Mrs. _____

Dear _____,

According to federal law 300.624, personally identifiable information collected, maintained, or used for special education is no longer needed to provide educational services to _____. However, we are required for audit purposes to maintain certain special education records like IEP team evaluation reports, IEPs and placement notices for the current fiscal year plus four more years.

Since _____ graduated / ceased to be enrolled in the _____ school district, we seek your permission to maintain IEP team evaluation reports, IEPs, and placement notices for the current fiscal year plus four more years for audit purposes.

If you have any questions or concerns, or would like a copy of the records at this time, please contact me at _____.

Sincerely,

Special Education Coordinator
School district of _____

Date

(Please check appropriate box below, sign and date, and return to the school district office)

Student name: _____ **DOB** _____

I understand the action proposed by the school district and

I give my consent for the school district to maintain IEP team evaluation reports, IEPs, and placement notices for the current fiscal year plus four more years for audit purposes.

I do not give my consent for the school district to maintain IEP team evaluation reports, IEPs, and placement notices for the current fiscal year plus four more years for audit purposes. (In this case, the LEA will remove the personal identifiers from the records. Once personal identifiers are removed, the records are not pupil records and may be maintained until they are no longer needed to satisfy the federal record maintenance requirement).

Signature of parent or legal guardian or adult student

Date: