

RELATIONS WITH GOVERNMENTAL ENTITIES:
LOCAL GOVERNMENTAL AUTHORITIES

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EXHIBIT

The following pages contain exhibits related to local government authorities:

- Exhibit A: Student Interviewer Identification and Notification Form – 1 page
- Exhibit B: Acknowledgement of Removal of a Student by Legal Authorities – 1 page
- Exhibit C: Consent to Release Student Record(s) to an Agency – 1 page

Eagle Mountain-Saginaw ISD
Student Interviewer Identification and Notification Form

This section to be completed by Campus:

Agent's Name: _____ Agent's Phone Number: _____

Name and Address of Agency: _____

Supervisor's Name: _____ Phone Number: _____

Regional Office or Agency's Main Office Phone Number: _____

This section to be completed by Agency Representative:

Eagle Mountain-Saginaw ISD is in accordance with Family Code 52.01 and 262.104 which provides for cooperation with other governmental authorities. Eagle Mountain-Saginaw ISD does require representatives of government agencies to be properly identified before interviewing a student.

Please check the government agency you are a representative for.

Law Enforcement Agency (*please specify*) _____

Texas Department of Family and Protective Services

Other _____

The above government agency, is requesting to speak to an EMS ISD student,

(Please Print)

In the event that the above government representative requests to interview an EMS ISD student, the principal or designee **will** request to be present. If the Law Enforcement representative requests to interview the student alone, *please see below*. The principal or designee will notify the parent or legal guardian of the EMS ISD student prior to the interview and give parent or guardian the opportunity to be present. If the above indicated Agency requests that the parent not be contacted, *please see below*.

Please check any that apply:

The above listed agency requests to interview the EMS ISD student alone.

The above Agency requests that EMS ISD not notify the parent or guardian prior to the interview.
(It will be the responsibility of the interviewing government agency to contact the parent or guardian.)

Signature of Agent _____ Badge/ID Number _____ Date _____ Time _____

ATTACH PHOTOCOPY OF GOVERNMENT ISSUED ID

Printed Name of Administrator _____

Date _____

Signature of Administrator _____

Original: Principal

Copy: Counseling Department

Eagle Mountain-Saginaw ISD

Acknowledgement of Removal of a Student by Legal Authorities

Student's Name: Last	First	Middle	Grade Level
Administrator Supervising:			Campus

Date of Arrest/Removal	List the time the student was signed out of the Attendance Office:	
Agency Name:		
<input type="checkbox"/> Fort Worth Police Department <input type="checkbox"/> Texas Department of Family and Protective Services <input type="checkbox"/> Saginaw Police Department <input type="checkbox"/> Other: _____ <input type="checkbox"/> Tarrant County Sheriff's Department		
Officer's or Caseworker's Name: Last	First	Badge Number
Officer' or Caseworker's Supervisor's Name		Supervisor's Contact Number
List the location the student is being transported to: _____		
Reason:		
<input type="checkbox"/> Off-Campus Action <input type="checkbox"/> On-Campus Action		
Specifically: _____		

Officer's or Caseworker's Designation of Parent Notification:

Officer or Caseworker will notify parent prior to school dismissal time (list dismissal time: _____)
 Campus Administrator shall notify parent immediately and document parent contact notification below. **
 Campus Administrator shall notify parent after the student has been removed and document parent contact information below. **

If the parent contacts the school before receiving official notification, the officer or caseworker may instruct the campus administrator to direct the parent to call a designated contact person for further information. If applicable, list information below.

Contact Name:	Phone Number:
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EMS ISD officials hereby release the above-named student to the custody of the agency listed above in accordance with the request from the legal authority. This release supersedes the responsibility of EMS ISD to the student and his/her parents or guardians that would otherwise prevail. By taking possession of this student, the officer or caseworker assumes the duty of reasonable care for the safety and welfare of the student.

Signature of Administrator Releasing Student	Date
Signature of Officer/Caseworker Assuming Responsibility of Student	Date

For Campus Office Use Only

Administrator Parent** and SBLE Notification		
List Parent Name: Last	First	Middle
List Parent Contact Number:	Date of Contact:	Time of Contact:
List SBLE Name:	Date of Contact:	Method of Notification:

EMS ISD Police Department Notification by SBLE		
SBLE Notification to Chief and/or Captain <input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time of Notification	Method of Notification

Eagle Mountain-Saginaw ISD
Consent to Release Student Record(s) to an Agency
(Records will not be forwarded to or shared with other individuals or agencies except as allowed by law or agreed to herein.)

Student's Name: _____ Student's ID: _____
Date of Birth: _____ Grade: _____ Campus: _____
Parent's Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Email: _____

Agency to receive records:
Name: _____ Position: _____
Street: _____ City: _____ State _____ Zip _____
Phone: _____ Fax: _____ Email: _____
Purpose of Disclosure: _____

THE FOLLOWING RECORDS ARE AUTHORIZED FOR RELEASE:

<input type="checkbox"/> Regular Education Records	<input type="checkbox"/> Speech/Language Evaluation
<input type="checkbox"/> Court Orders, Decrees, Placement Agreements	<input type="checkbox"/> Medical/Health Records
<input type="checkbox"/> Discipline Records	<input type="checkbox"/> Report of Vision/Hearing Screening
<input type="checkbox"/> Psychiatric Reports	<input type="checkbox"/> Other Information (specify) _____

YES NO I have been fully informed and understand the activity for which consent is sought. This information will be released upon receipt of my written consent.

YES NO I understand that my consent is voluntary and may be revoked anytime.

YES NO I approve ongoing verbal communication with the above designated agency/individual to facilitate acquisition of the above requested records.

(Signature) (Relationship to Student) (Date)

As witnessed by: _____ on this date: _____

*If this form is not signed in the presence of an authorized school district official, a notarized signature is requested:

Original: Principal
Copy: Counseling Dept.

Sworn and subscribed to before me on this _____ day of _____, 20____.

Notary Public in and for _____ County, Texas