

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

<p>Eagle Mountain-Saginaw ISD</p> <h2>Acknowledgement of Removal of a Student by Legal Authorities</h2>
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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"/> Saginaw Police Department <input type="checkbox"/> Tarrant County Sheriff's Department <input type="checkbox"/> Texas Department of Family and Protective Services <input type="checkbox"/> Other: _____	
Officer's or Caseworker's Name: Last First	Badge Number
Officer's 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: _____	

<b>Officer's or Caseworker's Designation of Parent Notification:</b> <input type="checkbox"/> Officer or Caseworker will notify parent prior to school dismissal time (list dismissal time: _____) <input type="checkbox"/> Campus Administrator shall notify parent immediately and document parent contact notification below. ** <input type="checkbox"/> 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:

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:

\_\_\_ Regular Education Records

\_\_\_ Speech/Language Evaluation

\_\_\_ Court Orders, Decrees, Placement Agreements

\_\_\_ Medical/Health Records

\_\_\_ Discipline Records

\_\_\_ Report of Vision/Hearing Screening

\_\_\_ Psychiatric Reports

\_\_\_ 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