

Consent for Release of Information

I, the undersigned, grant permission for the _____ school district and/or Department of Education to request all relevant health and school information pertaining to my child/myself _____ (student's/parent's name) from _____ (agency).

This information is to be used solely to facilitate support services planning for my child. I understand that this information is to remain confidential and will be used only by the school district/Department of Education to ensure that my child can fully benefit from his/her school's educational program.

I understand that this consent will remain in effect until revoked by me in writing.

Parent/Guardian

Signature: _____

Print Name: _____

Relationship to Child: _____

Date: _____

Witness

Signature: _____

Print Name: _____

Date: _____

Return this completed form to the school principal