



**Rankin County School District**  
**Consent for Release of Confidential Information**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

We are asking that you authorize the Rankin County School District to disclose confidential information regarding the above named student to the agency(ies) selected below and to invite said agencies to IEP meetings related to transition. The purposes of the disclosure are to determine if the student may qualify for the agencies' services, to facilitate an evaluation for services from the above agencies, and/or to assist in transition planning.

- ☐ MS Department of Rehabilitation Services (Vocational Rehabilitation)
- ☐ Social Security Administration
- ☐ Hudspeth Regional Center
- ☐ MS Department of Health
- ☐ MS Council on Developmental Disabilities
- ☐ Mental Health Agencies
- ☐ Independent Living Centers (ILC)
- ☐ Other \_\_\_\_\_

Please check (☑) the Yes boxes only if you agree that the statements are correct. If the statements are not correct, check (☑) the No boxes.

☐ Yes ☐ No I have been fully informed and do understand the school's request for consent for the release of my child's records.

☐ Yes ☐ No I understand that my consent is voluntary and may be revoked in writing at any time.

_____ Parent's Signature	_____ Date	_____ Expiration Date
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_____ Signature of Interpreter, if used	_____ Date	_____ Signature of Witness
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Please return this form to \_\_\_\_\_ at  
School Staff Personnel

\_\_\_\_\_ as soon as possible.  
School