Roseburg Public Schools

Homeless and Runaway Youth Program

PARENT PERMISSION TO OBTAIN OR RELEASE INFORMATION

I, the undersigned, hereby request and authorize Roseburg Public Schools to release to or obtain information from:

☐ Douglas County Mental Health ☐ Douglas County Juvenile Department

☐ Department of Human Services ☐ ADAPT

☐ Local Shelters

the information which I have indicated below.

Student Name _____ DOB _____

Age _____ Grade _____ School _____

☐ Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results)

☐ Medical and/or related health records

☐ Psychological evaluations or social work reports

☐ Multidisciplinary team evaluations and related reports

☐ Appropriate agency reports

☐ Individualized education programs

☐ Other (specify) _____

I agree that the above agencies may exchange and share information for the purpose of providing services. I can cancel this at any time, but understand that cancellation will not affect any information already exchanged. I understand that the information is protected by state and federal law.

☐ Parent ☐ Legal Custodian/Guardian ☐ Surrogate Parent ☐ Client (if 18 or over)

_____   _____
Signature of Parent, Legal Guardian, or Surrogate Parent   Date

Please return this form to _____ at _____

This release form is valid for one year from date of signature, unless specified otherwise.