

Monongalia County Schools
13 South High Street, Morgantown, WV 26501
Phone 304-291-9210 Fax 304-296-1379

CONSENT TO RELEASE AND OBTAIN INFORMATION

Student's Full Name

Mailing Address

City

State

Zip

Telephone Number

Date of Birth

Social Security Number

I, the parent or legal guardian of the above named student, grant permission for Monongalia County Schools (MCS) to obtain and release information regarding my son/daughter from the school, department, agency, or person identified below. I also hereby release the named school, department, agency, or person from all legal liability that may arise from further disclosure of said records.

Name of School Department Agency Person (Check One)

Complete Mailing Address and Telephone Number

The requested information to be released shall consist of duplicated records verbal information concerning my son/daughter. The specific information being requested consists of:

(Please initial all indicated areas to be released)

<input type="checkbox"/> School Records	<input type="checkbox"/> Social History	<input type="checkbox"/> Educational Testing Results
<input type="checkbox"/> Medications	<input type="checkbox"/> Psychiatric Evaluation	<input type="checkbox"/> Psychological Evaluation
<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Other _____	

This information may be shared with any employee of MCS involved in providing services for my son/daughter. I understand that the purpose and intent of this authorization is to release and obtain information needed by MCS to provide coordinated services for my son/daughter.

This authorization may be revoked at any time by my written request. The revoking of this authorization shall not cancel any prior action that has already transpired. This authorization shall remain in effect for one year (365 days) from the date of form completion unless revoked in writing.

A copy or fax of this release shall be as binding as the original.

× _____
Signature of Parent/Guardian (If student is under 18 years old)

Date

Signature of Student (If 18 years old)

Date