

**PARENT CONSENT TO RELEASE OR  
EXCHANGE CONFIDENTIAL INFORMATION**

Student \_\_\_\_\_  
School \_\_\_\_\_

Birthdate \_\_\_\_\_  
Grade \_\_\_\_\_

As required by the Family Educational Rights and Privacy Act, we must obtain written consent before releasing or exchanging education records with certain persons or agencies outside of the school district. We are seeking your consent to release or exchange records for the following reasons:

- We need additional information about your child in order to improve the services or programs we provide to him or her.
- The person, agency, or program listed below needs information from the school district in order to provide or arrange services for your child.
- Other \_\_\_\_\_

The school district seeks to release or exchange the following types of information with the agency or program identified below. Parent/eligible student must initial each approved area for release.

- |  | Initials | Initials |
|--|----------|----------|
| <input type="checkbox"/> Medical evaluations       | _____    | _____    |
| <input type="checkbox"/> Psychiatric evaluations   | _____    | _____    |
| <input type="checkbox"/> Psychological evaluations | _____    | _____    |
| <input type="checkbox"/> Academic tests            | _____    | _____    |
| <input type="checkbox"/> Discharge summary         | _____    | _____    |
| <input type="checkbox"/> Other _____               | _____    | _____    |

Please be aware that the school district is obligated to maintain any information released to it by another agency in a strictly confidential manner.

Person, agency, or program with whom exchange or release is sought:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

I give my consent for the school district to release or exchange information with the above-names person, agency, or program for the purpose described. This authorization may be revoked at any time, except to the extent that action is already taken. **Authorization expires 90 days from the date of signing.**

\_\_\_\_\_  
Parent/Guardian/Eligible Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Copies: Parent, Confidential File, As Appropriate