



Guajome Schools
“California Public Certified Charter Schools”
California Distinguished School 2003 & 2013



2000 North Santa Fe Avenue * Vista, Ca. 92083
 Phone (760) 631-8500 * Fax (760) 631-8503

AUTHORIZATION TO RELEASE AND EXCHANGE OF INFORMATION

Identifying Information

Student’s Name: _____ Date of Birth: _____

Consent: I hereby give my permission for the agencies listed below to exchange information regarding the above named student.

Authorized Recipients and Disclosures

Agency Name: _____ Agency Name: Guajome Schools

Individual(s): _____ Individual(s): _____

Address: _____ Address: 2000 N. Santa Fe Ave.

City, State, Zip: _____ City, State, Zip: Vista, CA 92083

Phone: _____ Fax: _____ Phone: _____ Fax: (760) 631-8508

Email: _____ Email: _____

Purposes/Limitations on Use: I understand that the purpose of the release and exchange of information is to obtain information to assist the school team in conducting an assessment, determining present levels of functioning/performance, planning an educational program, and/or _____.

Specify Information: The information to be released and exchanged may include: medical, social/emotional, psychological, educational , and/or _____ information.

Expiration/Revocation: I understand that I may revoke this consent at any time except to the extent that action has been taken on it, and that in any event, this consent expires one year from the date signed.

Right to Copy: I understand that records received by the District become part of the student’s pupil records, will be confidentially maintained in accordance with the Family Educational Rights and Privacy Act (FERPA), and shall be available to the parents upon request.

Signature

 Parent or Legal Guardian

 Print Name

 Date