



# TAMALPAIS UNION HIGH SCHOOL DISTRICT

P.O. Box 605 - LARKSPUR, CA 94977 - (415) 945-3737 - FAX (415) 945-3766

California Distinguished Schools: Tamalpais, Drake and Redwood High Schools

## RELEASE AND EXCHANGE OF INFORMATION A PARENT CONSENT FOR RELEASE AND EXCHANGE OF INFORMATION

Student s Name \_\_\_\_\_ Birthdate \_\_\_\_\_

*I hereby give my permission for the agencies/individuals/schools listed below to exchange information regarding the above named student.*

Agency/Individual/School \_\_\_\_\_ Agency/Individual/School \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

### Amount/Kind of Information:

- The data to be released and exchanged shall include medical, social, psychological or educational information.
- The data to be released and exchanged shall be limited to \_\_\_\_\_

*I understand that the purpose of the release and exchange of information is to provide information to assist the school in making a comprehensive educational assessment and/or in planning an educational program.*

*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.*

*I understand that records used by the school may become part of the student's school record and shall be available to parents upon request.*

\_\_\_\_\_  
Parent, Legal Guardian or Authorized Representative Signature      Date

Contact Person: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_