



STUDENT SUPPORT SERVICES

AUTHORIZATION TO EXCHANGE INFORMATION

Student Name: _____

Date of Birth: _____

I hereby authorize the exchange of information between the Agency/person(s) listed below and the Matanuska-Susitna Borough School District:

Check all appropriate:

- ____ 504 Accommodation Plan
- ____ Transcripts
- ____ Health Records
- ____ Psychological and Counseling
- ____ Special Education Records
- ____ Police Records
- ____ Other: _____

I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party. I also understand that it is my right to request a copy of all information, and contest any information I feel is incorrect.

Parent/Guardian:

Signature: _____ Date: _____

Printed Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____