

**GOLDENDALE SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT**

Primary School
Phone: 509-773-4665
Fax: 509-773-6602

Middle School
Phone: 509-773-4323
Fax: 509-773-4579

High School
Phone: 509-773-5846
Fax: 509-773-3194

RELEASE AND EXCHANGE OF INFORMATION

Student: _____ Date of birth: _____

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

Healthcare provider: _____

Address: _____

Phone: _____

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

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.

Parent/guardian signature: _____ Date: _____