

Marshfield R-1 School District

Marshfield High School

370 State Hwy. DD
Marshfield, MO 65706
Phone: 417-859-2120
Fax: 417-859-7756

Marshfield Junior High

660 N. Locust St.
Marshfield, MO 65706
Phone: 417-859-2120
Fax: 417-859-4970

Shook Elementary

180 State Hwy. DD
Marshfield, MO 65706
Phone: 417-859-2120
Fax: 417-859-5186

Webster Elementary

650 N. Locust St.
Marshfield, MO 65706
Phone: 417-859-2120
Fax: 417-859-7333

Hubble Elementary

600 N. Locust St.
Marshfield, MO 65706
Phone: 417-859-2120
Fax: 417-859-7332

Marshfield Special Services

170 State Hwy. DD
Marshfield, MO 65706
Phone: 417-859-2120
Fax: 417-859-2193

Consent for Release/Mutual Exchange of Information

Student _____ Birth date _____ Grade _____

I hereby authorize the release/mutual exchange of information, both verbally and/or written, between the Marshfield R-1 School District and the agency, individual, physician, and/or other school district listed below. I understand that all information exchanged by the individual(s) or agencies is confidential and will not be disclosed to another party without the prior written consent of the parent/legal guardian/students.

(School District, Agency, Individual or Physician)

(Mailing Address)

(City)

(State)

(Zip)

(Area Code-Phone)

(Area Code-Fax)

I request release/mutual exchange of the following information:

- ☐ Cumulative permanent school records
- ☐ Special Education records including current IEP and Evaluation Report
- ☐ Health records
- ☐ Psychological reports and/or education evaluations by the school district, outside agency, or treatment center
- ☐ Discipline records
- ☐ Attendance records
- ☐ Other (Specify) _____

This information is requested for the following reason(s):

- ☐ Transfer to this district
- ☐ Transfer to another district
- ☐ New Enrollment
- ☐ Hospitalization
- ☐ Contractual Placement
- ☐ Diagnostic Evaluation
- ☐ Other

I certify that I am the parent/legal guardian of this student OR that I am the student of majority age (18) and have the authority to sign this release. This authorization will expire in one year.

(Parent/Legal Guardian/Student Signature)

(Date)

(School Contact Person)

(Position)