MADISON PUBLIC SCHOOLS
RELEASE OF INFORMATION FORM

Student Name: _____ **Grade:** _____

I hereby authorize Madison Public Schools Staff, to release/exchange information with:

_____

_____

(Name of Person/Organization/Agency and Address)

DESCRIPTION
THE EDUCATIONAL INFORMATION TO BE SHARED INCLUDES: _____

PURPOSE: _____

AUTHORIZATION

THIS AUTHORIZATION IS VALID FOR ONE CALENDAR YEAR. IT WILL EXPIRE IN ONE YEAR. I UNDERSTAND THAT I MAY REVOKE THIS AUTHORIZATION AT ANY TIME BY SUBMITTING WRITTEN NOTICE OF THE WITHDRAWAL OF MY CONSENT TO THE SCHOOL/PROGRAM ADMINISTRATOR. I RECOGNIZE THAT EDUCATION RECORDS ARE PROTECTED BY THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT AND THAT I CAN REQUEST INFORMATION REGARDING MY RIGHTS UNDER THE ACT FROM MADISON PUBLIC SCHOOLS.

_____

Parent/Guardian Signature Date