

PERMISSION TO OBTAIN AND RELEASE INFORMATION

Dear: _____

Date: _____
(mm/dd/yyyy)

In order for us to obtain and release information regarding your child, _____,
Name of Child

Please complete and return this form. If you have questions, contact me at: _____.

Sincerely,

(Name and title of school district contact person)

PARENT PERMISSION TO OBTAIN AND RELEASE INFORMATION (Two-way communication)

I, the undersigned, hereby request and authorize:

School/Agency: _____

Address: _____

Contact Person: _____

To release to or obtain from:

School/Agency: _____

Address: (Include City, State, Zip): _____

Contact Person: _____

the information, which I have indicated below:

Name of Child: _____

Date of Birth (mm/dd/yyyy): _____

Official child academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement assessment results)

Medical and/or related health records. Type of provider _____

Medical history/diagnostic/therapeutic information from _____ to _____ including:
Mental Health HIV Developmental/ Learning Disability Drug/Alcohol Abuse

Specific information (i.e., x-ray films, photographs) or verbal exchange with:

Medical information limited to: _____

Psychological evaluations or social work reports

Evaluation and related reports

Appropriate agency reports

Exchange/release of the IEP documentation

Attendance, participation, development and/implementation of the IEP

Other (specify) _____

Purpose of disclosure: _____

****This permission is valid for one year from the date signed. A copy of this form is as effective as the original.**

I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and that the written revocation must be given to the agency/organization I authorized to release information. I recognize that health records, once received by the school district, may not be protected by the HIPPA Privacy Act and may become education records protected by the Family Educational Rights and Privacy Act (FERPA) with additional protection afforded by Wisconsin Statutes 118.25(2m)(a)(b) and 146.83. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

**

Signature of parent / relationship (**please print and sign)

Date (mm/dd/yyyy)

The school district does not discriminate on the basis of race, sex, age, religion, disability, or national origin.