Platte County School District #1

1350 Oak Street

Wheatland, WY 82201 82201

(307)322-3175: FAX (307) 322 2084

Revised:7/1/2024

Policy #: CGBD/GBDB

AUTHORIZATION TO RELEASE/REQUEST INFORMATION

In order TO PROVIDE EMPLOYEE SERVICES (such as Sick Bank benefits) to our staff, it is often necessary for us to communicate with other people or agencies with whom you had contact. Your signature on this form gives us permission to contract the person(s) or agency named below and to share the information for which you have authorized release. Any other sharing of the information gained during our contacts with you is expressly prohibited except in situations where disclosure is ethically or legally required. This form is effective for one month from date of signature.

I hereby authorize Platte County School District #1 to **RELEASE** the following information pertaining confidential records of:

_____ to_____

Name of Employee Name of Agency or Individual

_____

Address of Agency or Individual

Purpose(s) or need for which information is to be used: _____

I hereby authorize Platte County School District #1 to **REQUEST** the following information pertaining to the confidential information of:

_____ from_____

Name of Employee Name of Agency or Individual

_____

Address of Agency or Individual

Purpose(s) or need for which information is to be used: _____

AUTHORIZATION – I certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization, in writing at any time, expect to the extent that action has already been taken to comply with it. I hereby release Platte County School District #1 and releasing party from any liability which may result from furnishing the information requested as authorized in this release. Platte County School District #1 and releasing party cannot be responsible for misuse of the information disclosed to the other part pursuant to this release.

_____	_____	_____	
Date	Name of Employee	Person Authorized to Sign for Employee	
	_____	_____	
	Address	Relationship of Consenting Party of Client	
_____	_____	_____	
Phone Number	City, Sate and Zip Code	Witness	Date