

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, except 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, State and Zip Code

Witness

Date