

Consent for Release of Information

Student Name: _____ Birthdate: _____

Home Address: _____ City: _____ Zip: _____

Attendance School: _____ Grade Placement: _____

Last School of Attendance: _____ District: _____

☐ I hereby authorize D72 to **obtain** information concerning the above named student.

☐ I hereby authorize D72 to **release** information concerning the above named student.

☐ I hereby authorize D72 to exchange information between school and designee.

To: _____ From: _____

For the purpose of: _____

Check those applicable: ☐ Telephone contact ☐ Written correspondence ☐ Personal contact

The following information may be released: (check all that apply)

☐ Academic Records

☐ 504 Plan Records

☐ Discipline Records

☐ Special Education Records

☐ Attendance Records

☐ Health Records

☐ Other: _____

I understand that this authorization expires one year from the date consent is granted.

I understand that I may revoke consent at any time and that the revocation must be dated and in writing.

I understand I have the right to inspect, copy, and challenge the information contained in the records received.

I certify that I am the parent or legal guardian of the above named student and have the authority to sign this release.

Parent/Guardian Signature

Date

Relationship to Student

Student Signature (if 12 years or older)

Date