

DATE SENT/MAILED _____

CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

Student Name: _____ ID#: _____ Date of Birth: _____
Contact 1: _____ MEDICAID# _____

This consent for disclosure of confidential information is for release of the student's confidential information between and a third party, as follows:

NAME OF PERSON _____ NAME OF AGENCY _____

ADDRESS: _____
ADDRESS: _____
ADDRESS: _____
PHONE #: _____
FAX/EMAIL: _____

RECORDS REQUESTED/RECORDS TO BE RELEASED:	PURPOSE OF DISCLOSURE
<input type="checkbox"/> FIE, ARD, IEP, State Assessment Results	<input type="checkbox"/> To assist outside person/agency in providing non-educational support
<input type="checkbox"/> Psychological Evaluations	<input type="checkbox"/> To assist ARD committee in educational planning
<input type="checkbox"/> Transition Data/Vocational Testing	<input type="checkbox"/> Parent request
<input type="checkbox"/> Medical records	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	

For more information, please call:

_____ at _____
SCHOOL STAFF PERSON, POSITION TELEPHONE NUMBER

DATE SENT/MAILED _____

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Student Name: _____ ID#: _____ Date of Birth: _____
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Please respond to each statement with a **YES** or **NO** and sign at the bottom. If you indicate **YES** in response to all of the statements below and sign at the bottom, you will be giving your consent for disclosure of your/your child's confidential information.

Yes No I have been fully informed in my native language or other mode of communication and understand the school's request for my consent, as described above. This information will be disclosed/requested upon receipt of my written consent.

Yes No I understand that my consent for the disclosure of confidential information is voluntary and may be revoked at any time. However, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).

Yes No I give my consent for the disclosure of confidential information.

NAME OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT DATE

SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT DATE

NAME OF INTERPRETER, IF USED DATE

SIGNATURE OF INTERPRETER, IF USED DATE

Please return this form to:

_____ at _____ as soon as possible.
SCHOOL STAFF PERSON, POSITION SCHOOL