

INFORMED CONSENT - RELEASE OF RECORDS

Student: _____ Birthdate: _____

Address: _____

School: _____

Under regulations prescribed by state and federal law your consent is required before this school district can disclose confidential information to anyone other than authorized personnel employed by this district.

Information which could identify an individual child will not be collected or maintained beyond the level of the school district and will not be made available to any state level agency, except for such purposes as overall program monitoring. As a parent you are guaranteed the right to inspect any such information which is subject to collection, to require the accuracy of such information, and to obtain copies. Access by any unauthorized person to information which would identify an individual child, without the informed consent of the parent is expressly forbidden. Parents will be informed in their primary native language or other mode of communication unless it is clearly not feasible to do so. For individuals eighteen (18) years of age, or older, the above-stated rights pass to the individual.

The school district has the responsibility for the confidential maintenance of this information in locked storage and for the destruction of the information following the termination of services for the child. Parents will be notified prior to the entrance of this information, and prior to the destruction of the data.

Authorization is hereby granted to:

The following information will be released to a third party:

(describe information to be released)

(name of third party)

(address)

(city, state, zip code)

(purpose of release)

I have read and I understand this form. I understand the purpose(s) for which my consent is being requested.

Signature of Parent: _____ Date: _____