

# PERMISSION TO OBTAIN AND RELEASE INFORMATION

Dear: \_\_\_\_\_

Date: \_\_\_\_\_

In order for us to obtain and release information regarding your child, \_\_\_\_\_,  
Name of Child  
please complete and return this form. If you have questions, contact me at: \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
(Name and title of school district contact person)

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## PARENT PERMISSION TO OBTAIN AND RELEASE INFORMATION (Two way communication)

I, the undersigned, hereby request and authorize:

School/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

To release to or obtain from:

School/Agency: \_\_\_\_\_

Address: (Include City, State, Zip): \_\_\_\_\_

Contact Person: \_\_\_\_\_

the information, which I have indicated below:

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- Official child academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement assessment results)
- Medical and/or related health records. Type of provider \_\_\_\_\_
- Medical history/diagnostic/therapeutic information from \_\_\_\_\_ to \_\_\_\_\_ including:
  - Mental Health
  - HIV
  - Developmental/ Learning Disability
  - Drug/Alcohol Abuse
- Specific information (i.e., x-ray films, photographs) or verbal exchange with:
- Medical information limited to: \_\_\_\_\_
- Psychological evaluations or social work reports
- Evaluation and related reports
- Appropriate agency reports
- Exchange/release of the IEP documentation
- Attendance, participation, development and/implementation of the IEP
- Other (specify) \_\_\_\_\_

Purpose of disclosure: \_\_\_\_\_

**\*\*This permission is valid for one year from the date signed. A copy of this form is as effective as the original.**

I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and that the written revocation must be given to the agency/organization I authorized to release information. I recognize that health records, once received by the school district, may not be protected by the HIPPA Privacy Act and may become education records protected by the Family Educational Rights and Privacy Act (FERPA) with additional protection afforded by Wisconsin Statutes 118.25(2m)(a)(b) and 146.83. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

Signature of parent / relationship

Date

The school district does not discriminate on the basis of race, sex, age, religion, disability, or national origin.