

Copies:
Records Officer
Custodian of Records
Parent

CONSENT FOR STUDENT RECORD RELEASE

I/We, the undersigned give permission for _____ to release:

- _____ All records and information may be released
- _____ Medical/Health data
- _____ Social/Emotional data (i.e. psychiatric, counselor, etc.)
- _____ Educational data (i.e. teacher reports, IEP etc.)
- _____ Cumulative school records

Student's Name: _____ Birthdate: _____

Address: _____

City/State/Zip: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Records will be released until _____ or one calendar year from date of signature, or until said Parent/Guardian rescinds this release in writing.

All reports will be stored and disseminated in accordance with section #513 of subsection P.L. 93-380 (Family Rights and Privacy Act of 1974) and its subsequent amendments.

Send all information and reports to Attn: _____

Fax or Address: _____

FOR OFFICE USE ONLY

Date Data Released _____ by _____
(Name/Position)

Date Copies Mailed _____ by _____
(Name/Position)

Dr. Paul White, Superintendent
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