



Inclusive Education – Rights and Responsibilities of Parent(s) / Guardian(s)
Appendix C – Consent to Release / Obtain Confidential Information Form

CONSENT TO RELEASE / OBTAIN CONFIDENTIAL INFORMATION

Student's Name:	Medicare #:		
School:	Grade:		
Home Address:	Date Of Birth:		
		(m)	(d)
Parent / Guardian Name:			
To:			

This information is being requested to aid with educational, behavioral programming and guidance.

Permission is granted to release/obtain relevant information and reports from agencies / individuals regarding my child indicated below:

Agency / Individual	Release	Obtain	Both
Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This release expires ONE YEAR from date of signature.

Parent / Guardian Signature:	
Date:	