PERMISSION TO OBTAIN AND RELEASE INFORMATION

Dear: _____ *Date:* _____

In order for us to obtain and release information regarding your child, _____

please complete and return this form. If you have questions, contact me at: 608-987-0739 ext. 170 or angela.klein@mp.k12.wi.us

Sincerely, Angela Klein, Director of Pupil Services

Mineral Point School District

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 pupil services department of the Mineral Point School District. 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 Statues 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