

**Parental Consent to Release or Obtain Records**

Today's Date: \_\_\_\_\_ Consent Expires: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

I hereby authorize the release of information regarding the above named student.

**Requesting records from:** \_\_\_\_\_

Attention: \_\_\_\_\_

**Sending records to:** \_\_\_\_\_

Attention: \_\_\_\_\_

Reason for disclosure: \_\_\_\_\_

Please check the items below which consent is given to release and/or obtain records:

- Case Study Evaluation & Multidisciplinary Staff Conference Report
- Psychological Report
- Psychiatric Report
- Social Work Report
- Family Background Data
- Medical Reports
- Other
- Consult w/Physician
- Individualized Education Program
- Student Academic Record (permanent record)
- Teacher and/or Counselor Observations, Ratings and Recommendations
- Speech/Language Reports

This consent may be modified or revoked by me at anytime upon written request to the party releasing the information, except to the extent that action has already been taken in reliance on this authorization. I understand that this information may not be forwarded to another individual, agency or organization without my written consent. I understand that I have the right to inspect, copy and challenge the information contained in the records received. I certify that I am the parent or legal guardian of the above named student and have the authority to sign this release. I understand that failure to consent to such release of information may be an impact on the quality of services to be provided, but will not be grounds for termination of services by LCSSU.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Printed Name of Person Releasing Records

\_\_\_\_\_  
(Student's signature if student is 18 years or older)

Student Signature, if student is 18 years or older