



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)	(y)
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:	☐	☐	☐
Name:	☐	☐	☐
Name:	☐	☐	☐

This release expires ONE YEAR from date of signature.

Parent / Guardian Signature:	
Date:	