



Permission to Obtain and Release Information

North Fond du Lac School District
325 McKinley St North Fond du Lac, WI 54937

Student Information

This form provides authorization to release and/or obtain educational records and information relating to:

Student Name: _____ Date of Birth: ____/____/____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Individual/Agency Information

I, the undersigned, give my permission to:

Name(s) of School Personnel Requesting Information: _____

Emails of School Personnel Requesting Information: _____

School Name: _____

School Address: _____

School Phone Number: _____ School Fax Number: _____

to obtain/release information from/to:

Name: _____ Agency: _____

Phone Number: _____ Fax Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Description of Educational Records Requested and/or To Be Disclosed:

- Academic records/Transcripts of credits and grades
- Medical/Health/Behavioral Health records
- Psychological evaluations or social work reports
- Individualized Education Program (IEP) team evaluations and related reports
- Individual Education Program (IEP)
- Appropriate agency reports
- Discipline records and expulsion proceedings
- Verbal Communication
- Medical history/diagnostic/therapeutic information
- Other (please specify): _____

Purpose of Authorization

This information is being requested for the purpose of: _____

Expiration and Revocation

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 agency/organization I authorized to release information. If not revoked, this authorization will expire one year after the date on which the authorization is signed. 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 Education Rights and Privacy Act (FERPA) with additional protection afforded by Wisconsin Statutes 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/guardian

Date

The school district does not discriminate on the basis of race, sex, religion, disability, or national origin.