

Washtenaw Intermediate School District
CONSENT FOR DISCLOSURE OF PERSONALLY IDENTIFIABLE INFORMATION

Student _____ DOB _____ Date _____

I hereby give consent to the persons and/or organizations listed below to release and/or exchange information to regarding the above named person.

Name: _____	Name: _____
Agency: _____	Agency: _____
Address: _____	Address: _____

Name: _____	Name: _____
Agency: _____	Agency: _____
Address: _____	Address: _____

Name: _____	Name: _____
Agency: _____	Agency: _____
Address: _____	Address: _____

INFORMATION TO BE DISCLOSED:

(Information disclosed to the school may become a part of the educational record of the student and available for parental review.)

- | | |
|---|---|
| <input type="checkbox"/> CA-60 File
<input type="checkbox"/> IEPT Reports
<input type="checkbox"/> MET Reports/ Re-Evaluation
<input type="checkbox"/> Medical Reports
<input type="checkbox"/> Psychological Reports | <input type="checkbox"/> Occupational Therapy Reports
<input type="checkbox"/> Physical Therapy Reports
<input type="checkbox"/> Speech Therapy Repots
<input type="checkbox"/> Teacher Reports
<input type="checkbox"/> Other; Specify _____ |
|---|---|

PURPOSE OF THE DISCLOSURE:

- Educational Planning
 Other; Specify _____

Consent is voluntary and may be withdrawn in writing at any time.

I do do not request a copy of the records being disclosed.

Signature

Date

Relationship:

- Parent
 Guardian
 Eligible Student