**WAUPACA SCHOOL DISTRICT**

**PARENT PERMISSION TO OBTAIN OR RELEASE INFORMATION**

Re:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Student) (Date of Birth)

I, the undersigned, hereby request and authorize

**Waupaca School District**

and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**please write in name of physician, school, agency, or person requested to share information)**

to share the information which I have indicated below:

Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results).

Medical and/or related health records.

Psychological Evaluations or Social Work reports.

Eligibility Determination (E-Team) Report and related reports.

Individualized Education Program (IEP).

Appropriate Agency reports.

Others (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information will be used to provide appropriate educational programming.

This consent can be revoked by sending a written letter to the Director of Student Services.

Laurie Schmidt, Director of Student Services

E2325 King Rd

Waupaca, WI 54981

Health information obtained or disclosed based on this authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA’s privacy rules.

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Signature of parent or legal guardian Date