

Sidney Public School
200 3rd Ave. SE
Sidney, Montana 59270

Notice for Release/Consent to Request Confidential Information

Student Name: _____ DOB: _____

Current District: _____ Campus: _____

Under the protection of Family Educational Rights and Privacy Act (FERPA), schools are limited in their release of a student's educational records to third parties without the proper consent of the student if 18 years of age or the parents. The purpose of this form is to obtain student and/or parental consent before the release, exchange, or sending of any personally identifiable information between organizations.

The Student/Parent Consent to the: ___Release, ___Mutual exchange (written/verbal), ___Sending of information to/between :

| Name of Person/Agency | School/ Institution Agency | | |
|---|----------------------------|-------|-----|
| P.O. Box or Street Address | City | State | Zip |
| And: Sidney Public School 200 3rd Ave. SE Sidney, Montana 59270 | | | |
| | Phone: 406.433.2366 | | |
| | Fax: 406.433.2368 | | |

The above named school district, institution, or person holding records, has my consent to release, mutual exchange (written/verbal), or sent the following information on the above-named student to the address indicated for the purpose of:

Records requested (please check the appropriate box(es) listed below:

- Comprehensive Individual Assessment/Eligibility Reports
- Sociological/family history
- Vocational Assessment (when appropriate)
- Last annual review and all subsequent documents
- Medical health history data/reports
- Speech/language assessment data/reports
- Psychological/emotional/behavioral data/reports
- Other: _____

Please mark Yes or No on the lines below:

_____ I have been fully informed and understand the school's request for my consent, as described above.
This information will be released/requested upon receipt of my written consent.

_____ I understand that my consent is voluntary and may be revoked anytime.

Signed (Parent/Guardian/Student): _____ Date: _____

Please return this form to: _____
School Staff Person School