AUTHORIZATION BY PARENT OR GUARDIAN TO RELEASE
PERSONALLY IDENTIFIABLE INFORMATION TO THIRD PARTY OR CLASS OF PARTIES

Student Name: _____ Grade: _____ Date of Birth: _____

Address: _____ Phone Number: _____

School District of Residence: _____

Personally identifiable information to be disclosed: (✓Check all that apply)

1. ☐ Educational Records

2. ☐ Special Education Records

3. ☐ Psychological Reports

4. ☐ Related Service Reports (i.e. OT/PT. Audiological, Evaluations, etc.)

5. ☐ Medical Information/Reports

6. ☐ Other: _____
                                    (Describe)

Disclosure is requested for the following purpose(s): _____
_____
_____
_____

The third party or class of parties named below is authorized by the parent or guardian to receive the records checked above:

1. _____
       (Name of third party or class of parties)   Address

2. _____
       (Name of third party or class of parties)   Address

The third party of class of parties receiving personally identifiable information acknowledges and agrees as a condition for receiving said records that personally identifiable items contained in the records **SHALL NOT** be disclosed to another third party or class of parties without prior written parental or guardian consent.

PARENT/GUARDIAN CONSENT

> **ARSD 24:05:13:01(8)Consent** "Consent" means the parent or guardian has been fully informed of all information relevant to the activity for which consent is sought, in the parent's native language or other mode of communication; the parent understands and agrees in writing to the carrying out of the activity for which the parent's consent is sought, and the consent describes that activity and lists the records, if any, that will be released and to whom; the parent understands that the granting of consent is voluntary on the part of the parent and may be revoked at anytime; and if a parent revokes consent, that revocation is not retroactive, it does not negate an action that has occurred after the consent was given and before consent was revoked.

The parent/guardian of the above named student hereby gives their consent to disclosure by the district or the Cornbelt Educational Cooperative for the personally identifiable information identified above to the third party or class of parties authorized above.

This authorization is valid for one year from the date signed, unless I revoke this authorization, or unless an earlier date is specified here: _____, 20_____.

Consent given this _____ day of _____, 20_____.

_____
Signature of Parent/Guardian or Eligible Student   Date Signed

_____
Request Prepared By   Date Prepared