

Date Faxed:

PERMISSION TO OBTAIN/RELEASE INFORMATION
Little Chute Area School District • 325 Meulemans St. • Little Chute, WI 54140

SECTION I: STUDENT INFORMATION

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

Student Name DOB:

Address Phone Number

City State Zip Code

SECTION II: INDIVIDUAL/AGENCY INFORMATION

I, the undersigned, give my permission to:

Name(s)

School Name Phone Number

Address Fax

City State Zip Code

to obtain release information to:

Name

Agency Phone Number

Address Fax

City State Zip Code

SECTION III: DESCRIPTION OF EDUCATIONAL RECORDS REQUESTED AND/OR TO BE DISCLOSED

- | | |
|--|---|
| <input type="checkbox"/> Academic records/Transcripts of credits and grades | <input type="checkbox"/> Appropriate agency reports |
| <input type="checkbox"/> Medical and/or health records | <input type="checkbox"/> Individualized Education Program |
| <input type="checkbox"/> Psychological evaluations or social work reports | <input type="checkbox"/> Discipline records and expulsion proceedings |
| <input type="checkbox"/> Individualized Education Program (IEP) team evaluations and related reports | <input type="checkbox"/> Verbal Communication |
| <input type="checkbox"/> Other (specify): <input type="text"/> | |

SECTION IV: PURPOSE OF AUTHORIZATION

This information is being requested for the purpose of:

SECTION V: EXPIRATION AND REVOCATION

This authorization may be revoked (canceled) at any time except to the extent that the District has already released personal information prior to the revocation of this authorization. Requests for revocation must be in writing. To revoke the authorization, contact the Little Chute Pupil Services Department at 325 Meulemans St., Little Chute, WI 54140. If not revoked, this authorization will expire one year after the date on which the authorization is signed.

SECTION VI: SIGNATURE AND ACKNOWLEDGEMENT:

I acknowledge that this authorization is voluntary and that I may request a copy of this document.

SIGNATURE REQUIRED:

| | | |
|--------------------------------------|--------------------------------|-------------|
| _____ | _____ | _____ |
| PARENT/GUARDIAN/STUDENT IF 18 | RELATIONSHIP TO STUDENT | DATE |