

Neenah Joint School District
410 S. Commercial Street
Neenah, WI 54956

Permission to Release and/or Receive Student Records

Dear: _____ Date: _____
Name of Child: _____ D.O.B _____

In order for us to receive and/or send out information regarding your student, please complete this form and return to your student's school. If you have questions, contact me at : _____

Sincerely,

I give my permission to Neenah Joint School District to share information and/or records with and/or receive such information from:

Name of agency _____
Address _____
Name of contact person _____
Phone number _____

Information to be shared:

<input type="checkbox"/> Transcript of Courses Taken	<input type="checkbox"/> Grades
<input type="checkbox"/> Attendance Record	<input type="checkbox"/> Co-Curricular Activities
<input type="checkbox"/> Psychological Test Results & Reports	<input type="checkbox"/> Personality Evaluations
<input type="checkbox"/> Group Standardized Test Data	<input type="checkbox"/> Social Histories
<input type="checkbox"/> IEP Team Evaluations & Recommendations	<input type="checkbox"/> Medical and/or Related Health Records
<input type="checkbox"/> Other	
Specify _____	

Purpose of disclosure: _____

****This permission is valid for one year from the date signed. A copy or faxed copy of this form is as effective as the original****

I understand that I may revoke this authorization at any time by submitting written notice withdrawing of my consent and understand that the written revocation must be given to the agency or person I authorized to release the information. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Act and may become education records protected by the Family Educational Rights and Privacy Act (FERPA) with additional protection afforded by Wis Stats. 118.25(2m)(a)(b) and 146.83. I also understand that if I refuse to sign, such refusal will not interfere with my student's ability to obtain health care.

Signature of Parent or Legal Guardian Date

Signature of Adult Student Date