

AUTHORIZATION FOR RELEASE AND/OR REQUEST FOR INFORMATION

I hereby request and authorize: _____
(Name of School District)

_____ to engage
(Street Address) (City) (State) (Zip) (Telephone #)

in verbal and/or written communication with and release records to:

Pascua Yaqui Tribe - Education Division 7474 S Camino de Oeste, Tucson, Az 85757

regarding the **information checked below** concerning my child*_____, whose date of birth is _____. I understand that information concerning my child will be released and/or communicated if indicated below. I further understand that this information might contain information regarding my family, in addition to my child.

| | |
|---|--|
| <input type="checkbox"/> Grades | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Test scores and other diagnostic results | <input type="checkbox"/> Disciplinary records |
| <input type="checkbox"/> Behavioral records, including school observations, FBA, and rating scales. | <input type="checkbox"/> Health and medical records, including immunizations |
| <input type="checkbox"/> Exceptional student education/Section 504 records/IEP records | <input type="checkbox"/> Psychiatric/psychological reports |
| <input type="checkbox"/> Social support services (Food, Clothing, Shelter) | <input type="checkbox"/> Other information in the permanent records (e.g., name, address, birth date, grade level, class standing) |
| <input type="checkbox"/> Communications with student and Parent(s)/Guardian(s) | |
| <input type="checkbox"/> Other _____ | |

For the purpose of: Yaqui Education Services eligibility

I understand that I have the right to:

1. Not consent to the release of my child's records;
2. Receive a copy of my child's released records upon request; and
3. Revoke my consent to the release of my child's records, at any time, by delivering a written revocation to the releasing party named herein; though such revocation shall not affect disclosures made prior to the receipt of written revocation

I understand this authorization shall remain in effect until revoked by me in writing. A copy of this authorization is valid in lieu of the original.

Print name of Parent/Guardian/Eligible Student

Signature of Parent/Guardian/Eligible Student

Date

Relationship to child

*Eligible students (age 18 or over) may authorize the release of their education records.

(USE THIS SPACE IF CONSENT IS WITHDRAWN)

I hereby withdraw my previous consent to the release of information about my child.

Date consent is withdrawn

Signature of Parent/Guardian/Eligible Student