

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 may contain information regarding my family, as it relates to my child.

- | | |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Grades | <input type="checkbox"/> Psychiatric/Psychological Reports |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Social Support Services (such as food, shelter, and clothing, etc.) |
| <input type="checkbox"/> Test Scores and other Diagnostic Results | <input type="checkbox"/> Communication with Student and Parent(s)/Guardian(s) |
| <input type="checkbox"/> Behavioral Records , (such as School Observations, FBAs, and Rating Scales, etc.) | <input type="checkbox"/> Health and Medical Records (such as immunizations) |
| <input type="checkbox"/> Exceptional Student Education (such as Section 504 Records, IEP Records, etc.) | <input type="checkbox"/> Other information (class standing, grade point average, date of birth, etc.) |
| <input type="checkbox"/> Disciplinary Records | |
| <input type="checkbox"/> Other (please describe) <u>Tutor.com</u> | |

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 Student)

*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