

SHARON COMMUNITY SCHOOL



Joint District No. 11
104 E. School St.
Sharon, Wisconsin 53585
262-736-4477
www.sharon.k12.wi.us

Sara Andrus, Ed.D., District Administrator

PERMISSION TO OBTAIN AND RELEASE INFORMATION

Date _____

Dear _____,

In order for us to _____ information regarding your child _____,
(obtain or release)
please complete and return this copy in the self-addressed, stamped envelope that is included. If
you have any questions, please contact me at _____.

Sincerely,

(Name and title of school district contact person)

PARENT PERMISSION TO OBTAIN OR RELEASE INFORMATION

I, the undersigned, hereby request and authorize _____
(School, agency(s), or person)
to release to _____ the information which I have indicated below:

(Name of Child)

(Date of birth)

- ☐ Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results)
- ☐ Medical and/or related health records
- ☐ Behavioral records
- ☐ Psychological evaluations or social work reports
- ☐ Multidisciplinary team evaluations and related reports
- ☐ Appropriate agency reports
- ☐ Individualized education program
- ☐ Others (specify)

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

Signature of Parent or Legal Guardian

Date