

HUMBOLDT COUNTY SCHOOL DISTRICT  
WINNEMUCCA, NEVADA 89445

AUTHORIZATION TO RELEASE INFORMATION

I authorize the release of the following information regarding

_____	(Name)	_____	(Birthdate)
_____	Cumulative records	_____	School health records
_____	Special Education records	_____	Medical records
_____	Psychological-educational evaluation records	_____	Achievement tests
_____	Speech therapy records	_____	Other _____

I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

\_\_\_\_\_

Signature

( ) Parent ( ) Guardian

( ) Student over age 18

Date \_\_\_\_\_

Send records to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complete Name and Address of School  
or Agency Releasing Information

\_\_\_\_\_

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