

USD 378
PERMISSION FOR
RELEASE OF INFORMATION

Student_____ Grade_____ Date of Birth_____

As the Parent/Legal Guardian of the above named student, I authorize the exchange of information and/ or records with: (name of agency, dr. office, etc.)

for the purpose of obtaining any medical, social, psychological and/or educational information that is required by the state for school attendance and/or will enhance the well-being, education and safety of my student.

I acknowledge notification of transfer of records and information between above named agency(s) and USD 378.

I understand I have a right to receive a copy of said released information, if I so request. I also understand that all information and records will be handled in a confidential manner and will not be transmitted to or shared with a third party without my consent.

Parent/Legal Guardian Signature_____ Date_____

Revised 2023