



Date Initiated by District _____

Permission to Obtain and Release Information

Medford School District 549C
815 S. Oakdale Avenue
Medford, Oregon 97501

Dear _____

In order for us to obtain/release (circle one) information regarding your student, _____ please complete and return one copy in the self-addressed, stamped envelope that is included and keep the other copy for your files. If you have questions, please contact me at _____

Sincerely

Name of School District Contact Person

Title of School District Contact

Parent/Guardian Permission to Obtain or Release Information

I, the undersigned, hereby request and authorize (school, agency(ies), person, name of Physician)

to release to Medford School District 549C, District Nurse

the information which I have indicated below, for the purpose of Continuity of Care

Name of Student _____ 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

Psychological evaluations or social work reports

Multidisciplinary team evaluations and related reports

Appropriate agency reports

Individualized education program

Other (specify) _____

Signature of Parent/Guardian, or Surrogate Parent

Date

Please return this form to Nurse at Fax:

This release form is valid for one year from date of signature, unless specified otherwise

cc: Student File