Fond du Lac School District
Authorization for Release of Information

1. Student Information

______________________________ Name of Student

______________________________ Date of Birth

______________________________ Student Street Address

______________________________ Telephone

______________________________ City State Zip

2. Release To/From Information

______________________________ Name School, Agency, Health Care Facility, Other

______________________________ Telephone

______________________________ Street Address City State Zip

______________________________ Fax

______________________________ Attention/Contact

3. Release To/From Information

______________________________ Name School, Agency, Health Care Facility, Other

______________________________ Telephone

______________________________ Street Address City State Zip

______________________________ Fax

______________________________ Attention/Contact

4. Release (Check all that apply)

- ☐ Student Academic Records
- ☐ Medical/Health Records
- ☐ Special Education Plans
- ☐ Educational Plans
- ☐ Other ______________________________
- ☐ Behavioral Records
- ☐ Attendance Records
- ☐ School Evaluations
- ☐ 504 Plans

5. Purpose of Disclosure

- ☐ Student Evaluation
- ☐ Ongoing care/collaboration
- ☐ Other ____________________

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This permission is valid for one year from the date signed. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent and that the written revocation must be given to the agency/organization I authorized the release information. I recognize that health records, once received by the school district, may not be protected by the HIPAA Privacy Act and may become education records protected by the Family Educational Rights and Privacy Act (FERPA) with additional protection afforded by the Wisconsin Statues 118.25(2m)(a)(b) and 146.83. I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care.

______________________________ Parent/Legal Guardian Signature

____________________ Date

______________________________ Student Signature

____________________ Date