



Consent for Release of Confidential Information

Student Name:		Date of Birth:
School:	Grade:	Teacher:

I hereby authorize Rocky Mountain School District No. 6 to:

Initial	<p>Obtain information and/or records from</p> <p>Name of Agency or Organization:</p>
Initial	<p>Release information and/or records to</p> <p>Name of Agency or Organization:</p>
Initial	<p>Discuss information pertinent to student programming with</p> <p>Name of Agency or Organization:</p>

All information will be held or disclosed on a strictly confidential basis. I understand why I have been asked to disclose this information and am aware of the benefits of consenting or refusing to consent this information.

This consent will expire one (1) year after the date of my signature below, or on the following earlier date, condition, or event _____

Name and Relationship of Consenting Person

Signature of Consenting Person

Date