

PARENT PERMISSION TO OBTAIN OR RELEASE INFORMATION

I, the undersigned, hereby request and authorize:

Name of former school, agency, person

Street address

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

To release to:

Williams Bay Middle/High School
 P.O. BOX 1410
 500 West Geneva Street
 Williams Bay, Wisconsin 53191
 PH (262) 245-6224 FAX (262) 245-5877

Attention: AMY KELLY
amykelly@williamsbayschool.org

The information I have indicated below:

| Name of child | 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 | |
| — Individual education program | |
| — Others (specify) | |

This permission is valid for one year from the date signed. A copy of this form is as effective as the original.

| | |
|---------------------------------------|------|
| Signature of parent or legal guardian | Date |
|---------------------------------------|------|