

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

Attention: Julie Gauger
JGauger@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

Williams Bay School District
Williams Bay, Wisconsin