

CONSENT FOR RELEASE OF STUDENT DATA/RECORDS

Student Name: _____ Date of Birth _____

Maggie L. Walker Governor's School Student Address _____

Home Telephone #: _____

Parent/Legal Guardian (1) Mobile Telephone # _____

Parent/Legal Guardian (2) Mobile Telephone # _____

I authorize Maggie L. Walker Governor's School to release to the individual or Agency identified below identifying educational/medical data and records (the "Records") of the student listed above. I understand that in addition to educational records and data, such Records may also contain health information pertaining to diagnosis and treatments, immunization records, suspensions/office referral data, attendance data, referrals to student service teams, as well as written communications with school staff related to mental health interventions.

Time Period During Which Release of Student/Data is Authorized:**From:** Date that form is signed below.**Until:** _____**Name of Authorized Individual or Agency****Name and Title** _____**Agency Name (if applicable)** _____**Address (1)** _____**Address (2)** _____**Email Address** _____**Phone Number** _____**Fax Number** _____**Signature of Parent/Guardian** _____**Name of Parent/Guardian** _____**Relationship to Student** _____**Date** _____**Witness** _____