

Every Student, Every Day, Prepared to Shape Tomorrow

District Administration Center

6330 W. Thunderbird Rd. Glendale, AZ 85306 623-486-6057 (phone) 623-486-6090 (fax)

Authorization to Release Confidential Information

Student Name

Date of Birth

Service School

Confidential Information Requested By:

Name of Authorized Individual

Relationship to Student

I authorize the release of all <u>medical</u>, <u>education</u>, <u>social</u>, and <u>psychological</u> information that has been made part of the confidential records for the above-named student to the requesting party. I understand that this information will be used in a confidential and professional manner and in the best interest of the student, and that all information will be maintained in accordance with the *Family Educational Rights and Privacy Act*. I understand that my consent is voluntary and may be revoked in writing at any time.

Authorized Signature

Date

Primary Phone Number

Email (if preferred for contact/records)

Official Use Only:

Comments:

Revised 4/2/2017